Survey of Registered Nurses in California 1997



Conducted for the California Board of Registered Nursing

by the Institute for Social Research California State University, Sacramento

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TABLE OF CONTENTS

Executive Summary
Chapter 1. Introduction
Chapter 2. Profile of Registered Nurses Demographic Characteristics Educational Preparation Licensure Work Setting
Chapter 3. Relationships Between Work Setting Characteristics
Chapter 4. Attitudes Toward Nursing
Chapter 5. Implications for the Future Work Force Nurses Per Capita in California and the Nation Age and Employment Status Intentions Projections 24
Appendix A: Tables Showing Responses to All Questions by Survey Year
Appendix B: Survey Materials
LIST OF TABLES
Table 1.1 Outcomes and Response Rates by Survey Year
Table 2.1 Highest Nursing Education by Basic Nursing Program and Survey Year
Table 2.2 Work Setting Characteristics by Survey Year
Table 3.1 Organization and Clinical Area by Nursing Position
Table 3.2 Organization by Clinical Area
Table 3.3 Selected Work Setting Characteristics by Position, Organization and Clinical Area 14
Table 3.4 Nursing Income (in Thousands) by Respondent and Work Setting Characteristics and Survey Yea 15
Table 4.1 Evaluations of Nursing Work by Survey Year for Respondents Currently Employed in Nursing 16
Table 4.2 Percent Distribution for Comments with Negative and Positive Aspects
Table 4.3 Percent Distribution for Negative Comments
Table 5.1 Employed Registered Nurse Population Per Capita in California by Region 25

Table 5.2 Employment Status by Age and Survey Year for Non-Retired Respondents	.5
Table 5.3 Mean Age Last Worked as Registered Nurse by Current Age for Respondents Not Currently Employed in Nursing	6
Table 5.4 Reasons for Leaving Nursing by Age Last Worked as Registered Nurse for Respondents Not Currently Employed in Nursing	6
Table 5.5 Intentions Regarding Work in Nursing by Age and Survey Year for Non-Retired Respondents Not Employed in Nursing	6
Table 5.6 Percent of Currently Employed Nurses Intending to Leave Nursing Within the Next Five Years by Survey Year	.7
Table 5.7 Projected Number of Active California RN Licenses, 1997-2007	8
Table 5.8 Projected Number of Active California RN Licenses in 2002 and 2007 by Age, Intentions Regarding Future Nursing Employment and Current Employment Status	9
Table 5.9 Age Distribution of Active California Licensees by Year	0
LIST OF FIGURES	
Figure 2.1 Age Distribution by Survey Year	3
Figure 2.2 Ethnic Distribution by Survey Year	4
Figure 2.3 Geographic Distribution of Registered Nurses in 1997	4
Figure 2.4 Basic Nursing Program by Survey Year	5
Figure 2.5 Highest Nursing Education by Survey Year	6
Figure 2.6 Certification for 1998 Survey Respondents	7
Figure 2.7 Annual Nursing Income by Survey Year	9
Figure 4.1 Overall Job Satisfaction and Satisfaction with Salary and Benefits by Survey Year 1	7
Figure 4.2 Satisfaction with Staffing, Work Environment and Work Schedule by Survey Year 1	8
Figure 4.3 Satisfaction with Support and Interpersonal Relationships by Survey Year	8
Figure 4.4 Satisfaction with Opportunities and Involvement by Survey Year	9
Figure 4.5 Satisfaction with Transition to First RN Job, Orientation and Training by Survey Year 19	9
Figure 5.1 Employed Registered Nurse Population Per Capita in California by Region	4

EXECUTIVE SUMMARY

INTRODUCTION

This study is the third in a series of surveys designed to describe licensed registered nurses in California. The studies, which were commissioned by the California Board of Registered Nursing (BRN), were first conducted in 1990 and repeated in 1993 and 1997. The current study was conducted by the Institute for Social Research (ISR) at California State University, Sacramento. The first two studies were conducted by the Survey Research Center at California State University, Chico.

The purpose of this study is to describe California's working RNs in terms of demographic composition, educational experience, and work setting; to identify factors which may contribute to satisfaction and dissatisfaction with nursing work; and to examine changes in these patterns over time.

PROFILE OF REGISTERED NURSES WORKING IN NURSING

- In 1997, the typical working nurse in California was a caucasian woman, 45 years old, with an Associate or Bachelor's degree.
- Most received their first RN license in the U.S.
- Three-fifths of working RNs are direct patient care providers.
- Tenure with the employing organization has increased since 1990.
- The typical nurse works in an acute hospital setting. Almost two-thirds work in one of four clinical areas: medical/surgical, critical care, geriatrics and obstetrics.
- The nursing work force is more stable than in 1990, with fewer taking a break in nursing employment and a strong majority planning on working a similar number of hours for the next five years. Fewer plan to reduce their work hours or leave nursing entirely.

- Most respondents hold a single nursing position, although the proportion holding two or more has increased steadily from 1990 to 1997. Holding multiple positions is typical only of nurses employed by temporary agencies or registries where 60% hold more than one position.
- The standard work week has remained constant since 1993 at 36.3 hours. Fewer nurses work either less than 33 hours or more than 41.
- The sample is evenly split between working 8 hours days and 9 to 12 hour days, yielding an average of 9.1 hours per day. Working an hour or more overtime is a common experience shared by two-thirds of the respondents. Most nurses experienced no change in time base during the 12 months preceding the survey.
- Mean nursing income jumped dramatically between 1990 and 1997, up 43% from \$31,504 to \$45,073, and constituted a larger share of household income.

RELATIONSHIPS BETWEEN WORK SETTING CHARACTERISTICS

- Most direct patient care providers and clinical nurse specialists work in acute hospital settings. In contrast, nurse practitioners are more frequently employed in ambulatory care settings.
- Respondents working in critical e m e r g e n c y care o r perioperative/anesthesia work almost exclusively in acute hospitals. Obstetrics is concentrated in acute hospitals, while pediatrics is more dispersed among acute hospitals, ambulatory care and other settings. Three out of five geriatric nurses work in skilled nursing/extended care facilities, while on in five work in home nursing care. Although medical/surgical specialists are concentrated in acute hospitals, they are employed in significant numbers in ambulatory and home nursing care and in other settings.

- Dependence upon temporary agency employees is greatest in home nursing care.
- Advanced practice certifications offered less of an income advantage in 1997 than they had in 1993. While those with certificates in 1993 earned 15% more than those without, this income advantage had decreased to 8% in 1997. This decline occurred because, while average income for other types of nurses increased, average income for advanced practice nurses declined 5% during that time period.
- Nurses employed in acute care hospitals earn more than those employed in other settings. Those employed in skilled nursing and extended care facilities earn the least.
- Experience as an RN differentiated salaries much more in 1997 than it did in 1990.
 While the most experienced nurses earned 25% more than the least experienced in 1990, they earned 50% more in 1997.

ATTITUDES TOWARD NURSING EMPLOYMENT

- Nurses employed in skilled nursing facilities were the most dissatisfied. Those employed by temporary agencies were a close second.
- The most satisfied nurses were those in three specialities: obstetrics, geriatrics and perioperative/anesthesia.
- Two groups had differing attitudes about their work in nursing: respondents working in acute hospitals and those working in home nursing care. While nurses in acute hospitals were more satisfied with opportunities to learn new skills, use existing ones and advance in their profession, they were significantly more dissatisfied with job security, support from nursing administration, the adequacy of RN staffing and benefits than nurses employed in other organizations. Similarly, while homecare nurses were quite positive about RN staffing, interactions with patients and the opportunity

to learn new skills and advance in their profession, they were among the most dissatisfied with benefits, job security and their work schedule.

IMPLICATIONS FOR THE FUTURE WORK FORCE

- According to a 1996 national survey, California has the lowest ratio of employed nurses per 100,000 of any state (566, compared with a national average of 798). The 1996 rate was extremely close to the 1997 figure derived from the California survey and 1997 population figures (554). The Pacific states have the lowest rates of any region (621), while New England (1103), the West North Central (936) and the Middle Atlantic (931) have the highest rates.
- Within California in 1997, Los Angeles and the south central valley have the lowest rates of employed RNs (464 and 407). The highest rates are found in Napa/Sonoma (756), San Francisco and the East Bay (686) and San Jose (647).
- Employment opportunities for California's registered nurses improved markedly in the 1990s. Since 1990, the proportion of non-retired respondents currently working in nursing has increased (from 83% to 89.6%), while the proportion working outside nursing has declined 25% (from 5.6% to 4.2%) and the proportion unemployed has been cut almost in half (from 11.4% to 6.2%). The change affected all age groups, but especially those 45 and over.
- The proportion of RNs currently not working in nursing who planned to return tripled between 1990 and 1997 -- from 9.2% to 26.9% -- while the proportion saying they definitely would not return declined (from 37% to 31%).
- The proportion of currently employed RNs intending to leave nursing within the next five years has decreased by a third since 1990.

- In 1990, almost one in seven nurses expected to leave nursing within the next five years; in 1997, that had decreased to one in ten.
- Age was the most important factor affecting the intention to leave nursing. Virtually nothing in the nursing experience affected this decision. Nurses working in an ambulatory care setting constituted the only exception. They were *less* likely than those in other organizational settings to plan on leaving nursing.
- Two separate approaches to estimating the number of active RN licenses in California in 2007 produced projections varying by 2.3%. The simplest, utilizing the average number of new licenses and withdrawals from active license status over the past 5 years, projected 261,236 active licenses in 2007. The second approach, using information from survey respondents on their employment status, intentions to return to nursing or to leave nursing within the next five years, and age at the time of the survey, projected 267,397 active licenses in 2007.
- Both approaches overstate the number of active licensees in the California labor force because a substantial number of licensees live in other states -- 8.8% in the survey year. Assuming this number is relatively constant from year to year, the effective resident labor force would be approximately 91.2% of the estimates, varying between 238,247 and 243,866 for the two approaches.
- With either approach, the real impact of the maturing RN population will probably not be felt until 2012, when the vanguard of the baby boom generation moves into retirement age. In 1997, almost half of active licensees were under 45; by 2007, little more than a third will be this young and half will be 45 to 59. By 2012, a third of this group (16%) will have matured into the prime retirement category (60 64).

CHAPTER 1. INTRODUCTION

This study is the third in a series of surveys designed to describe licensed registered nurses in California. The studies, which were commissioned by the California Board of Registered Nursing (BRN), were first conducted in 1990 and repeated in 1993 and 1997. The current study was conducted by the Institute for Social Research (ISR) at California State University, Sacramento. The first two studies were conducted by the Survey Research Center at California State University, Chico.

Objectives

The purpose of this study is to describe California's working RNs in terms of demographic composition, educational experience, and work setting; to identify factors which may contribute to satisfaction and dissatisfaction with nursing work; and to examine changes in these patterns over time.

Each time the survey has been conducted the content has been modified slightly based on findings from the previous survey, and items of interest have been added. Generally, however, consistency of measures has been maintained, which permits longitudinal comparisons. The current study also advances the examination of trends across survey

Table 1.1 Outcomes and Response Rates by Survey Year

		1997	1993	1990*
Questionnaires initially mailed		4,000	3,685	5,400
Ineligible	Undeliverable	54	272	598
cases	Retired	173	66	320
	Deceased, out of state or disabled	47	50	157
Eligible cas	ses	3,726	3,297	4,680
Survey respondents		2,784	2,476	3,112
Response ra	ate	74.7%	75.1%	66.5%

^{*} The information displayed in this table was taken directly from Survey of Licensed Registered Nurses, California 1990. There appears to be a slight discrepancy in the computations for this year. For more information, please refer to the methodology section of the 1990 report.

years by standardizing and integrating the data for all three studies into one database. This allows for multivariate comparisons across survey years, since it is sometimes important to take several characteristics into consideration at the same time when looking for changes over time.

Report organization. This report is intended to provide a comprehensive and easy-to-use source of information about the 1997 Survey of California's Registered Nurses. The tables in Appendix A provide descriptive responses for all three survey years with items in the same order that they appear in the 1997 questionnaire. Appendix B includes a copy of the questionnaire and the accompanying correspondence.

The survey collected a great deal of information on a wide range of topics. There are many complex interrelationships between demographic composition, licensure, educational preparation, employment status, work setting and job satisfaction. Our approach has been to focus on issues that will be most important to those using the report.

Each chapter of the report examines a particular set of characteristics, or looks at the interrelationships be-tween different sets of characteristics. Tables and figures are included in each chapter for those findings thought to be of greatest interest to most users.

Methods

The sampling frame for this survey consists of all RNs with active-status California licenses and addresses as of May 30, 1997. BRN staff created a data tape containing name, address, date of birth, and date of licensure for all 216,571 cases in the sampling frame, from which ISR selected a random sample of 4,000.

Questionnaires were mailed in four waves. One week before the initial survey packet was mailed, a pre-survey letter was sent to introduce the study, explain its purpose, and emphasize the importance of participation. One week after the initial survey packet was mailed, reminder postcards were sent. A final follow-up mailing was sent three weeks later.

In order to elicit the highest possible response rate, all correspondence addressed potential respondents by name. Outgoing surveys were coded with a tracking number and completed surveys, along with ineligible and undeliverable cases, were logged into a response status file. The status file permitted close monitoring of the response rate and conservation of resources, since the final follow-up mailing, which went out three weeks after the initial survey mailing, was sent only to eligible non-respondents.

Completed questionnaires were edited for consistency and after data entry, responses were further screened for consistency and completeness.

Response rates. Completed questionnaires were received from 75% of the eligible nurses to whom the survey was mailed. This is the same response rate obtained in the 1993 survey and compares favorably with that for 1990 (67%).

Of the 4,000 questionnaires initially mailed, just 54 were ultimately returned as undeliverable. The percent of undeliverable surveys has decreased dramatically with each survey year, from 11% in 1990, to 7% in 1997 and finally to 1% in 1997. Several factors are responsible for the decrease. The 1990 sample was not as "clean" on selection as subsequent years and included some cases with inactive licenses. In 1997, the RN database was checked against a postal address validation program.

There were 47 cases for whom information was received which made the potential respondent ineligible to participate in the survey. This includes those who had moved out of state, were deceased, disabled, or who "self-disqualified" themselves because they are not employed in nursing. Two potential respondents returned their surveys blank with a note saying that they had been retired from nursing for too long to be able to participate in the study. This was in response to a new question in the 1997 instrument that asked respondents to indicate whether or not they were retired from nursing work. The questionnaires for 1990 and 1993 did not

specifically measure retirement status. Although 171 retired RNs returned completed questionnaires, their responses have been excluded from the analysis presented in this report. (Table 1.1)

Representativeness. Survey responses were matched back to the original sample of 4,000 so that response bias could be examined. The data from the licensing database contained information, including date of birth, licensure, and zip code, that is useful for examining variations in response rates. There is a definite relationship between response rates and age and date of licensure. Nurses aged 45 years and older were more likely to respond to the survey than younger nurses. About seven out of ten younger nurses responded, compared to eight out of ten older nurses. The response rate, however, never drops below 71% for any age group, which is still relatively high for a survey of this nature. Similarly, response rates were high throughout the state, varying from 73% in San Berdardino and Orange to 87% in Napa, Sonoma, Lake and Mendocino counties. (Appendix Table A-6)

Precision of estimates. Random selection of respondents, a sufficient sample size and high response rates all contribute to a sample's representativeness. The precision with which the sample predicts population values is a function of the desired level of confidence and the number of cases generating a given sample value. Assuming a 95% confidence interval -- e.g., where 95 of a 100 random samples would produce values within the specified range -- tabled values in this report provide estimates with varying degrees of precision depending upon the number of cases. When the number of cases approximates 2200, ranges for the comparable registered nurse population would be $\pm 2.1\%$ of the tabled values. The precision of sample estimates decreases with sample size. Subgroup percentages based on 400 cases will vary +4.9% around the tabled value; those based on 200 cases will vary +6.9%.

CHAPTER 2. PROFILE OF REGISTERED NURSES

Demographic Characteristics

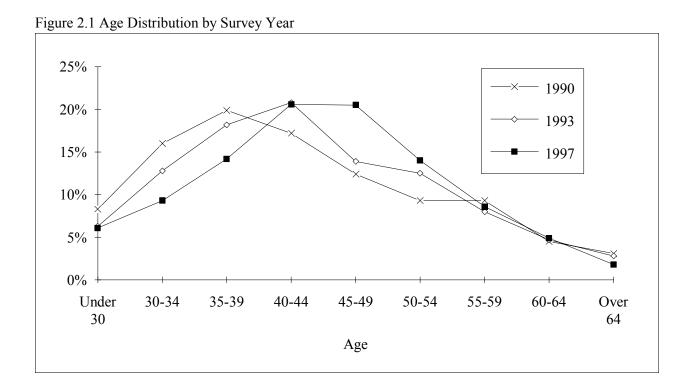
Registered nurses who were working in California were slightly older in 1997 than in 1990, even though there has been a marked decline in both the younger and older age groups (under 40 and 65 and older). The average age has increased steadily, from 43 in 1990, to 44 in 1993, and 45 in 1997. Over the eight year period, there was a 32% decrease in the proportion of nurses under 40 and a 42% decrease in those 65 and over. At the same time, nurses between 40 and 54 increased 42%. This has led to a more homogeneously middle-aged work force. Almost 70% of the state's nurses are between 35 and 54.

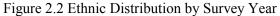
The ethnic diversity of the nursing population has increased somewhat between 1990 and 1997. The proportion of non-Hispanic whites has declined 16% to 66% of the employed population. While there have been modest increases in the proportions of African-Americans and Hispanics (up 2% and 32% respectively), the most dramatic change has been a virtual doubling of Asians among the registered

nurse population (up 80%). One in five registered nurses in California are of Asian background, with two-thirds of that number from the Philippines.

The proportion of men in California's registered nurse population has increased steadily (from 5.4 to 7.4%).

Although response rates were slightly higher among those living in the state's less populated areas (the coastal regions and central valley), a little over half of the respondents represent California's major urban areas (Los Angeles, San Bernardino, and Orange counties as well as the Bay Area) with another 30% coming from San Diego, San Jose and the Sacramento region. There appears to be no significant shift in the geographic distribution of the registered nurse population over the past eight years.





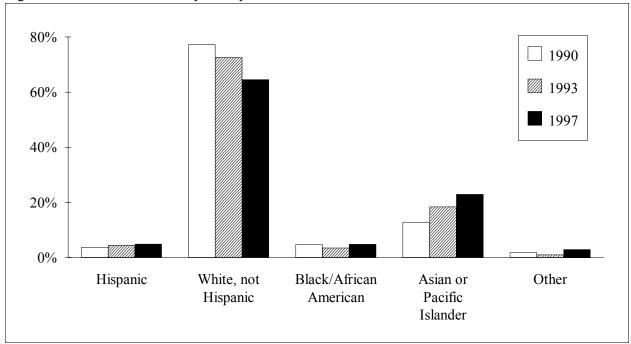
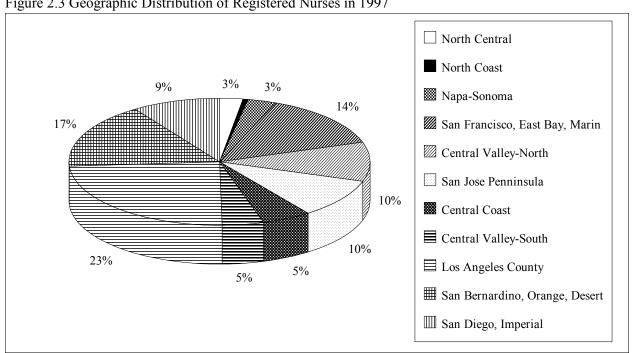


Figure 2.3 Geographic Distribution of Registered Nurses in 1997



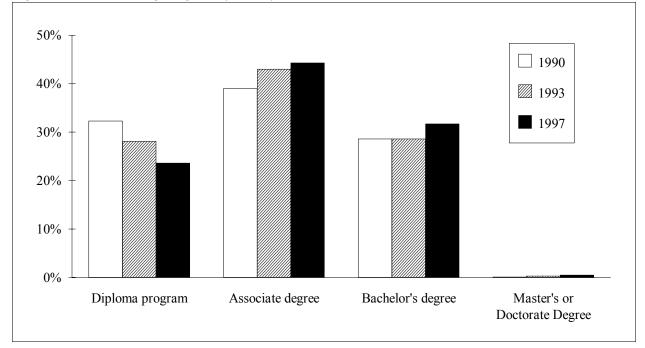


Figure 2.4 Basic Nursing Program by Survey Year

Educational Preparation

Consistent with national trends, diploma programs are declining as the source of basic nursing education among registered nurses in California. In 1997, only a fourth of currently licensed RNs had received their initial pre-licensure nursing education through a diploma program, down from 32% in 1990. Associate and baccalaureate degree programs are increasing at roughly similar rates as the source of basic nursing education. In 1997, 44% of the state's registered nurses received their initial pre-licensure nursing education in an associate degree program, while another 32% received it through a baccalaureate degree program. Almost half of California's registered nurses received their basic nursing education in the 1970s or earlier.

A little over half of the registered nurses received their pre-licensure nursing education in California (55%) -- a proportion that has increased slightly since 1990. During that time period, the proportion receiving this education out of state has decreased significantly (from 34% to 24%), while the proportion receiving it in another country is up 61%. This

growth is largely accounted for by a doubling of the proportion educated in the Philippines (to 13% in 1997).

Today most registered nurses hold a baccalaureate or associate degree as their highest level of nursing education (38% and 37% respectively). Only one in five hold a diploma in nursing as their highest nursing degree. Between 1990 and 1997, the highest level of nursing education shifted away from diploma programs towards baccalaureate and associate degrees. While the percentage of registered nurses whose higheste education was a diploma program decreased 30% from 1990 to 1997, the percentage with baccalaureate and associate degrees increased 13% and 8%, respectively.

While most registered nurses do not seek further education beyond their basic nursing program (for 83%, their initial nursing education is the highest they received), the nineties saw an increasing tendency for those with diplomas and associate degrees to continue their education. There was a 26% increase in additional nursing degrees among those who started with a diploma program and a

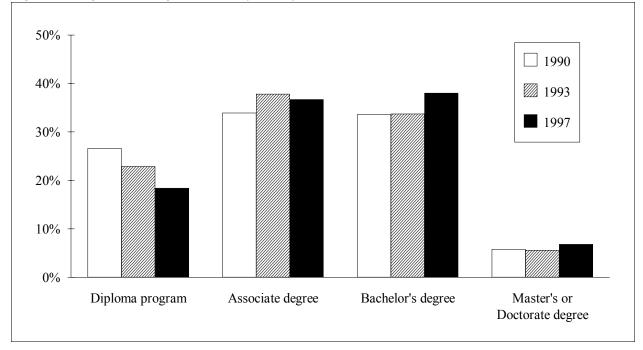


Figure 2.5 Highest Nursing Education by Survey Year

Table 2.1 Highest Nursing Education by Basic Nursing Program and Survey Year

		Basic Nursing Program				
Highest	nursing education	Diploma program	Associate degree	Bachelor' s degree		
1990	Diploma program	82.4	.0	.0		
Survey	Associate degree	.0	87.0	.0		
	Bachelor's degree	14.3	11.4	86.0		
	Master's/ Doctoral degree	3.3	1.6	14.0		
	Total	100.0	100.0	100.0		
	Number of cases	721	869	637		
1993	Diploma program	81.4	.0	.0		
Survey	Associate degree	.3	87.6	.0		
	Bachelor's degree	13.5	10.2	89.6		
	Master's/ Doctoral degree	4.9	2.2	10.4		
	Total	100.0	100.0	100.0		
	Number of cases	617	945	627		
1997	Diploma program	77.9	.0	.0		
Survey	Associate degree	1.4	82.2	.0		
	Bachelor's degree	14.4	14.4	89.0		
	Master's/Doctoral degree	6.3	3.3	11.0		
	Total	100.0	100.0	100.0		
	Number of cases	575	1,080	774		

36% increase for those who began with an associate degree. Most of this group who pursued further education earned a bachelor's degree, but increasing numbers completed a master's or doctorate. (Table 2.1)

Approximately three-fourths of registered nurses in California have no additional certifications. For those certified, the most common were public health (14% in 1997) and nurse practitioner (5.6%).

Licensure

Most registered nurses in California were first licensed in the U.S. (83.6%) -- a proportion that has declined slightly since 1990. The increased proportion who were originally licensed in another country is largely accounted for by a doubling of those first licensed in the Philippines (from 5.3 to 10%). Nurses in 1997 report being older when first licensed in California (29.8 in 1997 vs 28.7 in 1990). (Table A-5)

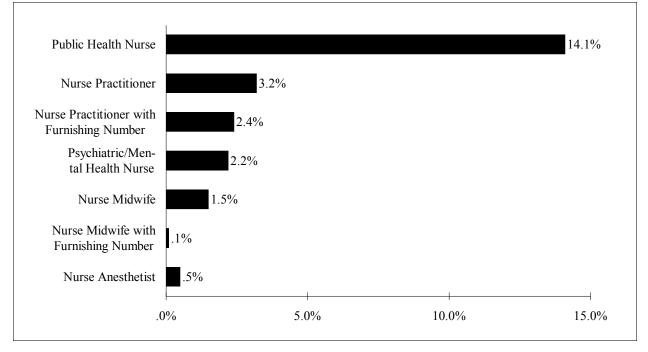


Figure 2.6 Certification for 1997 Survey Respondents

Work Setting

Primary nursing position. As has been the case for the last two surveys, three-fifths of all employed registered nurses are and have been direct patient care providers. Another 11% occupy middle management positions in a service setting, while half that number serve as patient care coordinators or case managers -- a job designation which has doubled since 1990. A little less than 5% are in senior management positions in a service setting.

Direct client care consumes 65% of nursing activities, with another 18% of work hours devoted to indirect client care, including planning, consulting, assigning and teaching staff and evaluating care. Administration and management tasks make up 13% of work hours.

Fifty-nine percent of respondents have been in their current positions five or more years, up from 50% in 1990. This is largely due to a 45% increase in nurses working more than 14 years for a single organization and a 20% decrease in the proportion employed less than 5 years in their current job.

Organization. The proportion of registered nurses employed in acute hospital settings has declined steadily from 67.9% in 1990 to 60.2% in 1997. Indicative of that decline, almost one in five nurses not currently working in an acute hospital had been so employed in the last 24 months. A decrease also occurred in the proportions employed in an ambulatory care setting, down 24% from 11.8 to 9.0% over the seven year period. Employment has also decreased in academic nursing programs and student health services, in public and occupational or employee health, in mental health or drug and alcohol treatment programs and in self-employment. In contrast, employment of registered nurses in home nursing care has increased 79% (from 3.8 to 6.8%) and employment in skilled nursing/extended care facilities has increased 27% (from 5.6 to 7.1%). In 1997, one in seven nurses was employed in these two settings, compared to one in eleven in 1990.

Clinical area. Consistent with changes in work setting described above, the proportion of medical/surgical nurses has declined 23% since 1990. Significant decreases have also occurred in the proportion employed as public or mental health nurses (down

52% and 33% respectively). Conversely, noticeable increases have occurred in the proportion of nurses working in geriatrics and perioperative/anesthesia. In 1997, the most common clinical areas were medical/surgical (26.3%), critical care (17.1%), geriatrics (10.3%) and obstetrics (9.7%).

Breaks in nursing employment. The proportion who have stopped working as a registered nurse for more than a year has decreased from 25.1% in 1990 to 19.2% in 1997. Childcare and family responsibilities and dissatisfaction with the profession have declined as reasons for withdrawal from the nursing workforce. Returning to school, trying another

Table 2.2 Work Setting Characteristics by Survey Year

		1990	1993	1997
		%	%	%
Primary nursing position	Senior management, service setting	4.0	3.5	4.6
	Middle management, service setting	12.5	14.5	11.4
	Direct patient care provider	62.6	59.5	62.1
	Clinical nurse specialist	3.2	3.2	3.1
	Certified registered nurse anesthetist	.5	.5	.3
	Certified nurse midwife	.4	.2	.1
	Nurse practitioner	2.2	1.8	3.2
	Educator, service setting	1.7	2.0	.9
	Management/administrator, academic setting	.7	.2	.3
	Educator, academic setting	1.2	1.3	1.0
	School nurse	2.0	1.6	2.0
	Public health nurse	2.2	2.2	1.5
	Patient care coordinator/case manager	2.7	4.5	5.6
	Consultant	.8	.9	1.1
	Researcher	.2	.8	.4
	Other	3.1	3.3	2.6
	Total	100.0	100.0	100.0
	Number of cases	2,227	2,190	2,375
Organization	Acute hospital	67.9	64.3	60.2
Organization	Skilled nursing/extended care facility	5.6	5.1	7.1
	Academic nursing program	1.3	1.5	.8
	Public health/community health program	3.4	2.5	2.7
	Home nursing care	3.8	5.9	6.8
	Ambulatory care setting	11.8	10.9	9.0
	Occupational health/employee health	1.5	.8	9.0 .7
	Student health service	2.1	1.6	1.5
			2.9	
	Mental health/drug, alcohol treatment	•••	.0	1.8
	Insurance organization	1.1	.0	1.6
	Self employed	1.1		.5
	Other	1.5	3.8	7.3
	Total	100.0	100.0	100.0
CII I	Number of cases	2,212	2,164	2,444
Clinical area	Medical/surgical	34.0	31.0	26.3
	Geriatrics	5.6	6.5	10.3
	Pediatrics	5.6	4.5	6.3
	Obstetrics/reproductive health	9.4	10.1	9.7
	Community/public health	7.7	7.9	3.7
	Psychiatric/mental health	5.8	4.7	3.9
	Perioperative/anesthesia	6.3	7.2	8.4
	Emergency/trauma	5.4	6.1	5.8
	Critical care	15.9	16.3	17.1
	Other	4.2	5.8	8.5
	Total	100.0	100.0	100.0
	Number of cases	2,233	2,186	2,347

occupation, and stress on the job were increasingly cited as reasons for the withdrawal. Nevertheless, in 1997, the most common reasons for withdrawal from nursing are childcare and family responsibilities (73.5%), moving to a new area (29.1%), trying another occupation (15.2%) and returning to school (14.8%). (These percentages sum to more than 100% because more than one response could be chosen.)

Future nursing work plans. A majority (57%) plan to continue working a similar number of hours for the next five years -- up from 46% in 1990. Significantly fewer plan to reduce their work hours (25% -- down from 33% seven years earlier) or leave nursing entirely (10% -- down by a third from the 1990 figure).

If their current position were no longer available, respondents clearly preferred another with a similar environment and work hours. A third would not be interested if retooling or retraining were necessary and 70% would not consider relocation.

Number of positions. Three-fourths of respondents

hold a single nursing position. The proportion holding two or more steadily increased from 1990 to 1997. The proportion of employed nurses who also work in non-nursing positions has remained small (8% in 1990 and 1997); but the average hours worked in these positions has more than doubled from 7.8 hours per week in 1990 to 18.1 hours in 1997. Most of those employed in non-nursing positions work more than half-time in nursing. Roughly one in five persons employed in a non-nursing position work full time in that position; but three in five work 16 hours a week or less. Thus, non-nursing positions appear to supplement employment in nursing, rather than the reverse. (TableA-2, Question 29)

Hours. The standard work week for registered nurses employed in nursing has remained constant at 36.3 hours since the 1993 survey, having increased slightly over 1990 when the mean was 36.1. What has changed is a significant reduction in the variability around the mean. That is, work hours are more concentrated around the average than they have been; fewer employed nurses are working less

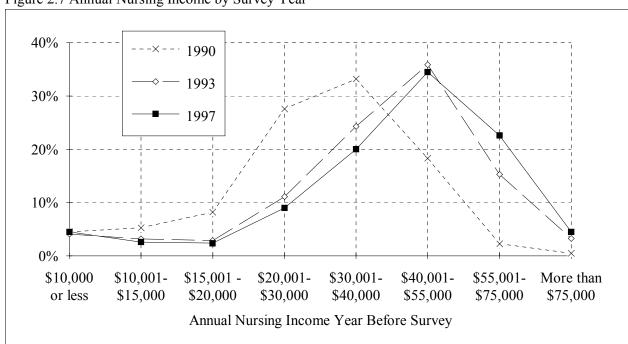


Figure 2.7 Annual Nursing Income by Survey Year

than 33 hours or more than 41 than was true in 1990. (Table A-2, Question 26)

The sample is evenly split between working 8 hour days and 9 to 12 hour days (45% and 43% respectively), yielding an average of 9.1 hours per day. Working overtime an hour or more without advance notice is a common experience, shared by two-thirds of the respondents. For almost half of the sample the amount of unplanned overtime averages between one and four hours per week. For one in six, it averages more than five hours a week. In contrast, a third of respondents worked virtually no unplanned overtime. (Table A-2, Question 28)

Changes to time base. No change in time base was reported by approximately three-fourths of the sample during the 12 months preceding the survey. Similar proportions reported reductions and increases in the hours worked (7.9 and 7.4% respectively), while 1.7% were laid off. Ten percent experienced other changes in their time base.

Employment through temporary agency. The proportion employed in nursing through a temporary agency has increased slightly from 5.2% in 1990 to 6.5% in 1997. The reasons for temporary employment, however, have changed markedly. Wages and control of schedule and work location have declined considerably; waiting for a desirable permanent position has increased three-fold.

Income. Income earned from nursing has risen dramatically in the past eight years: up 43% between 1990 and 1997. Most of the increase occurred between 1990 and 1993 when mean income rose 34%. In 1990, almost 80% of registered nurses were earning between \$20,001 and \$55,000; in 1993 and 1997, similar proportions (76% and 77% respectively) earned between \$30,001 and \$75,000. The average nursing income was \$31,504 in 1990, \$42,163 in 1993, and \$45,073 in 1997. Variability in nursing income increased as well, with one in five nurses earning less than \$30,000 and close to 5% earning more than \$75,000. Nursing income rose faster than household income for the same period. At the aggregate level, the mean income from nursing in 1990 constituted 58% of mean household income; in 1997 that figure had risen to 70%. Individually, however, respondents indicated that nursing income made up 39% of household income in 1997, up 13% over that proportion in 1990. Clearly, by 1997, income from nursing had risen substantially and constituted a larger share of household income than at the beginning of the decade.

CHAPTER 3. RELATIONSHIPS BETWEEN WORK SETTING CHARACTERISTICS

Interrelationship of position, clinical area and organization. Most direct patient care providers and clinical nurse specialists (75% and 63% respectively) work in acute hospital settings, with a significant subgroup of clinical nurse specialists also employed in ambulatory care settings (16%). Nurse practitioners, by contrast, are largely employed in ambulatory care settings (60%). Only a third of patient care coordinator/case managers work in acute hospitals, with another 21% employed in home nursing care. Another third work in other settings, including insurance organizations (14%). Management positions, while more concentrated in acute hospitals, are reasonably dispersed across work settings. Management positions generally represent the distribution of clinical areas in the respondent population; but they significantly overrepresent geriatrics and medical/surgical areas. (Table 3.1)

Respondents working in critical or emergency care or in perioperative/anesthesia work almost exclusively in acute hospitals, with 20% of the latter in ambulatory care or other settings. Obstetrics is concentrated in acute hospitals (76%) and ambulatory care settings (13%), while pediatrics is more dispersed among acute hospitals (48%), ambulatory care (20%) and other settings (21%). Three-fifths of respondents working in geriatrics are employed in skilled nursing/extended care facilities, while one in five work in home nursing care. Although medical/surgical specialists are concentrated in acute hospitals (65%), they are employed in significant numbers in ambulatory and other settings and in home nursing care (13.3 to 9.2%). (Table 3.2)

Effect of position, organization and clinical area on other work setting characteristics. Respondents in senior and middle management positions work more hours per week (43 and 38 respectively) than those in non-management positions (33 hours overall). They also work more unscheduled overtime than those in other positions (3.8 and 3.4 vs 2.3 for most other positions). Managers are more likely than many to hold more than one nursing position (26 - 28%), although nurse practitioners and certified nurse specialists are most likely of all to hold multiple positions (31 - 32%). Job tenure is greatest among certified nurse specialists and school nurses (10.1 and 9.8 years respectively) --

well above the 8.2 years average for the sample -- and lowest for the rapidly developing position of patient care coodinator/case manager (4.5 years). Layoffs were most common among nurse practitioners (5.4%) and senior management (4.7%), whereas reductions in time base occurred most often among case managers (9.5%), direct patient care providers (8.8%) and clinical nurse specialists (8.3%). (Table 3.3)

Increases in the time base occurred primarily among public health nurses (14.7%), clinical nurse specialists (11.1%) and nurse practitioners (10.8%). The pairing of either high lay-offs or reductions in time base with significant increases in the time base suggests a consolidation of the workforce resulting in more hours from fewer people. These adjustments occurred in two of the three positions that are concentrated in acute hospital or ambulatory care settings (clinical nurse specialists and nurse practitioners). In the third case (direct patient care providers), a high proportion of reductions in time base was paired with a high proportion employed through a temporary agency. Thus, changes in time base experienced by certain types of registered nurses in 1997 resulted in reduced work hours among some in a specialty while increasing those of others in the same specialty or hiring more temporary employees. (Table 3.3)

Type of work organization has a marked effect on several work setting characteristics. Hours worked per day are much higher in acute hospitals than in other work settings (9.8 hrs per day vs 8.1 to 8.4 in other organizations). Unscheduled overtime is more characteristic of home nursing care and skilled nursing facilities (3.4 and 2.8 hrs vs an average of 2.5). Holding more than one nursing position is more typical of those employed in acute hospitals and in home nursing care; it is least characteristic of those employed in an ambulatory care setting. Tenure is greatest among those employed in acute hospitals (9.4 years) and least among those employed in home nursing (4.3 years). Layoffs occurred disproportionately in public health and ambulatory care settings while reductions in time base were unusually high in acute hospitals. Increases in time base occurred in the two areas with more than average layoffs: public health and ambulatory care. Heavy dependence upon temporary employment

(14.8%) occurred in the same setting as the third largest increase in time base -- home nursing care.

Nurses employed in pediatrics and obstetrics have noticeably shorter work weeks than other clinical areas (32.2 and 33.4 hours/week compared with an average of 36.3). Critical care, emergency and obstetrics have longer work days (10.7, 10.3 and 9.6 respectively). Unscheduled overtime is more characteristic of perioperative/anesthesia, mental health, critical care and geriatrics (2.9 and 2.8 extra hours per week). Respondents working in emergency or trauma care were twice as likely to hold more than one nursing position as those in other clinical areas (51.9% compared with a 23.6 average). Tenure was greatest in perioperative/anesthesia, critical care, and obstetrics.

Layoffs were more common in mental and public health (4.4 and 3.6% respectively) and in emergency care (3.1%). Unusually high reductions in time base occurred most often in perioperative/anesthesia (12.2%), geriatrics (8.9%) and obstetrics (8.4%), while significant increases occurred in the same three areas. (Table 3.3)

Almost two-thirds (60%) of nurses who work for a temporary agency or registry hold more than one nursing position. Only a third as many (21%) nurses in regular employment hold multiple jobs. Registry employees work the same number of hours per day (9.1), although they average slightly fewer hours per week (34.0 vs 34.7) and put in slightly more unscheduled overtime (2.9 vs. 2.5 hours per week). Within the past twelve months, temporary employees were more likely to have been laid off (3.3% vs 1.5% among regular employees), or to have experienced changes in time base -- 13% had reductions (vs 7.5% for regular employees) and 9.9% had increases (vs. 7.2% for the others). (Table 3.3)

Characteristics related to nursing income. Advanced practice certifications (Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, and Psychiatric/Mental Health Nurse) offered less of an income advantage in 1997 than they had in 1993. While those with certificates in 1993 earned 15% more than those without, this income advantage had decreased to 8% in 1997. This decline occurred because, while average income for other types of nurses increased, average income for advanced practice nurses declined 5%

during that time period. (Table 3.4) Over the eight year period, management and direct patient care providers experienced the greatest increase in income (up 47% and 45% respectively), while advanced practice nurses experienced the least (up 27%). Although nurses employed by temporary agencies earn less than those hired directly by service providers, this salary differential is largely explained by other features of the work setting.

Only senior and middle management positions lead to notably higher incomes among registered nurses. Nurse practitioners earn somewhat more than others, while direct patient care providers and clinical nurse specialists earn somewhat less. (Table 3.4) Work setting, however, has a significant impact on nursing income. Nurses employed in acute care hospitals earn more than those employed in other settings, while those employed in skilled nursing and extended care facilities earn less. The salary differentials between organizations employing registered nurses remained relatively constant over the decade. The only exception was a marked increase in salaries paid in ambulatory care settings. In 1990 and 1993, average salaries paid in ambulatory care settings ranked fifth; in 1997, their average salaries moved to third place, behind acute hospitals and "other" settings. (Table 3.4)

Only perioperative/anesthesia and critical care nurses earn significantly more than those in other clinical areas. However, experience as an RN differentiated salaries much more in 1997 than it did in 1990. For 1990 respondents, salaries plateaued at 15 - 24 years of experience, with no salary advantage accruing to those with more than 24 years in the field. This was not the case in 1997. Whereas the most experienced nurses earned 25% more than the least experienced in 1990, they earned 50% more in 1997. (Table 3.4)

Table 3.1 Organization and Clinical Area by Nursing Position

		Senior	Middle man-							
		management,	agement,	Direct	Clinical			Public	Patient care	
		service	service	patient care	nurse	Nurse	School	health	coordinator/	
		setting	setting	provider	specialist	Practitioner	nurse	nurse	case manager	Other
		%	%	%	%	%	%	%	%	%
Organization	Acute hospital	33.9	47.4	74.9	63.4	13.7	.0	.0	31.3	33.5
	Skilled nursing/extended care facility	16.5	15.3	4.9	4.2	4.1	2.3	.0	4.7	9.7
	Public health/community health program	.0	3.4	1.1	1.4	9.6	4.5	67.6	3.1	.6
	Home nursing care	14.7	8.6	5.2	2.8	1.4	.0	20.6	21.1	4.5
	Ambulatory care setting	13.8	12.3	6.4	15.5	60.3	2.3	.0	4.7	7.7
	Other	21.1	13.1	7.4	12.7	11.0	90.9	11.8	35.2	43.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number of cases	109	268	1,456	71	73	44	11	128	155
Clinical	Medical/surgical	29.5	25.3	26.7	30.9	9.5	.0	9.4	39.5	30.0
Area	Geriatrics	26.9	20.5	6.8	2.9	10.8	.0	9.4	17.7	16.4
	Pediatrics	5.1	3.2	5.7	8.8	16.2	48.8	3.1	1.6	4.3
	Obstetrics/reproductive health	5.1	7.6	10.8	13.2	27.0	.0	3.1	1.6	10.7
	Community/public health	6.4	5.2	1.3	.0	5.4	11.6	59.4	9.7	5.0
	Psychiatric/mental health	7.7	6.0	2.9	10.3	.0	.0	.0	5.6	5.0
	Perioperative/anesthesia	5.1	8.8	10.0	10.3	1.4	.0	.0	.0	6.4
	Emergency/trauma	2.6	7.2	7.1	5.9	2.7	.0	3.1	.8	2.9
	Critical care	9.0	10.0	22.4	16.2	1.4	.0	.0	5.6	4.3
	Other	2.6	6.0	6.3	1.5	25.7	39.5	12.5	17.7	15.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number of cases	78	249	1,432	68	74	43	32	124	140

Table 3.2 Organization by Clinical Area

				Obstetrics/	Community/	Psychiatric/				
	Medical/			reproductive	public	mental	Perioperative/	Emergency	Critical	
	surgical	Geriatrics	Pediatrics	health	health	health	anesthesia	trauma	care	Other
	%	%	%	%	%	%	%	%	%	%
Acute hospital	64.8	6.6	47.6	76.0	4.6	31.9	80.4	88.1	98.2	33.2
Skilled nursing/extended care facility	1.5	59.1	2.1	.4	.0	5.5	.0	.0	.3	2.0
Public health/community health program	.7	1.7	3.4	3.6	44.8	.0	.5	.7	.0	.5
Home nursing care	9.2	19.8	5.5	.9	20.7	3.3	.0	.0	.3	9.7
Ambulatory care setting	10.5	2.9	20.0	13.3	8.0	1.1	9.8	5.2	.5	22.4
Other	13.3	9.9	21.4	5.8	21.8	58.2	9.3	6.0	.8	32.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of cases	608	242	145	225	87	91	194	134	396	196

California Board of Registered Nursing, 1997 Survey of Licensed Registered Nurses

Table 3.3 Selected Work Setting Characteristics by Position, Organization and Clinical Area

	_	Average	e hours w	orked as RN	Percent with	Average		t whose en		Percent employed	
		Per	Per	Unscheduled overtime	more than	years in main nursing		d time base last 12 mo		through a temporary	
		week	day	per week	position	position	Laid off	Reduced	Increased	agency	of cases
Position	Senior management, service setting	42.7	8.9	3.8	26.4	6.0	4.7	1.9	4.7	3.6	93-110
	Middle management, service setting	38.4	9.1	3.4	28.0	8.7	2.3	7.2	8.4	2.6	249-269
	Direct patient care provider	33.2	9.5	2.3	22.6	8.7	1.2	8.8	6.9	8.3	1,403-1,461
	Clinical nurse specialist	33.5	8.7	2.4	31.9	10.1	2.8	8.3	11.1	6.9	69-72
	Nurse practitioner	31.1	7.6	2.3	30.7	6.3	5.4	4.1	10.8	5.3	66-76
	School nurse	30.6	7.3	2.3	19.1	9.8	.0	4.3	4.3	2.1	42-47
	Public health nurse	36.4	8.5	2.3	26.5	6.7	.0	5.9	14.7	8.6	33-35
	Patient care coordinator/case manager	37.1	8.3	2.7	14.4	4.5	.8	9.5	6.3	5.4	121-132
	Other	35.1	8.2	2.2	25.6	6.2	3.3	5.9	8.6	3.9	143-156
Organization	Acute hospital	34.6	9.8	2.5	24.1	9.4	1.2	8.7	7.0	6.3	1,385-1,452
	Skilled nursing/extended care facility	35.9	8.4	2.8	21.6	6.1	1.8	6.5	7.1	5.3	159-172
	Public health/community health program	34.4	8.2	2.3	21.9	8.2	3.1	7.7	10.8	7.6	63-66
	Home nursing care	35.5	8.2	3.4	24.4	4.3	1.3	7.6	8.3	14.8	146-162
	Ambulatory care setting	33.8	8.1	2.2	20.8	7.6	2.8	6.5	10.2	4.1	205-217
	Other	34.5	8.1	2.3	23.9	6.5	2.4	6.5	6.5	6.0	316-349
Clinical	Medical/surgical	34.8	9.0	2.6	17.1	7.9	1.5	6.8	6.3	6.1	575-611
Area	Geriatrics	36.3	8.3	2.8	25.1	5.0	2.6	8.9	8.9	8.0	221-238
	Pediatrics	32.2	8.7	1.8	20.8	8.5	1.4	6.2	6.8	4.8	140-146
	Obstetrics/reproductive health	33.4	9.6	2.2	23.7	9.6	1.3	8.4	8.9	5.8	217-227
	Community/public health	36.6	8.4	2.6	27.4	7.3	3.6	6.0	4.8	7.0	80-86
	Psychiatric/mental health	35.4	8.1	2.9	25.8	6.0	4.4	5.6	5.6	6.6	87-91
	Perioperative/anesthesia	34.1	8.3	2.9	22.4	10.1	1.1	12.2	10.6	4.7	185-192
	Emergency/trauma	34.5	10.3	1.9	51.9	9.0	3.1	7.7	8.5	10.4	128-135
	Critical care	34.8	10.7	2.8	26.3	10.0	.5	7.6	6.1	6.9	378-398
	Other	33.8	8.4	2.2	13.1	7.8	2.1	10.0	8.9	5.1	178-199
Work for tem- porary	No	34.7	9.1	2.5	21.0	8.5	1.5	7.5	7.2	n/a	2,146-2,256
agency/ registry	Yes	34.0	9.1	2.9	60.3	5.1	3.3	13.0	9.9	n/a	144-157

Table 3.4 Nursing Income (in Thousands) by Respondent and Work Setting Characteristics and Survey Year

			Mean			Number of case	es
	_	1990	1993	1997	90	93	97
Highest	Diploma program	31.1	40.8	46.2	578	485	432
nursing	Associate degree	29.9	40.6	42.8	732	796	873
degree	Bachelor's degree	32.2	43.6	45.5	728	723	903
	Master's degree	38.4	49.2	52.6	126	121	168
Advanced practice	<u> </u>	•••	41.8	44.8	•••	2,003	2,212
certification*	Yes	•••	47.6	48.5		138	208
Time	Part-time	24.2	31.2	33.4	792	707	737
base	Full-time	35.7	47.6	50.3	1,394	1,434	1,665
More than one	No	30.9	40.9	43.9	1741	16,91	1,799
nursing position	Yes	33.4	47.0	48.9	417	439	564
Work for	No	31.6	42.2	45.4	2,048	1,984	2,231
temporary					*		
agency/registry	Yes	30.1	41.9	41.6	112	143	158
Position	Senior management, service setting	40.0	57.5	62.6	89	76	107
	Middle management, service setting	35.0	46.8	50.0	274	308	264
	Direct patient care provider	29.5	40.2	42.8	1,352	1,260	1,425
	Clinical nurse specialist	35.2	42.2	45.3	69	66	70
	Nurse practitioner	37.0	48.2	48.1	46	39	76
	School nurse	28.4	39.1	35.3	43	32	45
	Public health nurse	29.2	40.4	42.3	48	46	35
	Patient care coordinator/case manager	31.5	41.6	43.1	57	96	131
	Other	34.8	42.1	47.4	184	197	154
Position	Management	36.5	48.8	53.8	379	388	378
groups	Advanced practice	39.7	52.6	50.2	64	53	85
	Direct patient care	29.5	40.2	42.8	1,352	1,260	1,425
	Other	31.9	40.9	43.3	367	419	419
Organi-	Acute hospital	32.3	43.8	47.0	1,454	1,353	1,432
zation	Skilled nursing/extended care facility	27.8	35.3	39.1	122	106	168
	Public health/community health program	31.6	39.1	42.9	73	53	64
	Home nursing care	28.7	38.9	39.7	79	122	163
	Ambulatory care setting	28.2	38.6	43.0	259	225	213
	Other	33.7	41.7	44.0	161	236	335
Clinical	Medical/surgical	30.5	40.9	44.0	740	644	596
Area	Geriatrics	26.6	36.5	40.5	122	135	233
	Pediatrics	29.1	39.3	40.4	123	96	145
	Obstetrics/reproductive health	29.1	39.3	44.8	198	218	222
	Community/public health	30.6	40.9	42.9	166	166	87
	Psychiatric/mental health	33.3	43.5	46.4	125	99	91
	Perioperative anesthesia	34.9	46.9	47.5	137	156	195
	Emergency/trauma	34.8	46.7	49.2	119	132	131
	Critical care	34.2	45.5	48.5	345	346	394
	Other	32.9	43.1	42.5	93	124	192
Years RN practice	Less than 5 years	27.2	36.5	33.2	332	262	334
•	5-9 years	29.9	41.7	43.7	449	392	378
	10-14 years	31.3	42.0	44.7	466	447	387
	15-24 years	33.9	44.1	47.8	547	625	784
	More than 24 years	33.9	43.7	50.0	392	391	511

^{*} Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, and Psychiatric/Mental Health Nurse

CHAPTER 4. ATTITUDES TOWARD NURSING

Changes in Attitudes Among Working Nurses

Using their most recent work experience as a reference point, respondents were asked to indicate their degree of satisfaction with five aspects of nursing employment: (1) salary and benefits; (2) work environment and schedule; (3) support and interpersonal relationships; (4) opportunities for advancement; (5) transitions and training. Respondents were more satisfied on all items in 1997 than they had been in 1990 -- particu-

larly with their starting salary, salary range and required non-nursing tasks (up 10 - 12% in average ratings over the 8 years). However, they were less satisfied in 1997 than in 1993 on four important job features: salary range, benefits, adequacy of staffing and job security (down 3 to 4% in average ratings over 5 years). (Table 4.1)

In 1997, respondents were most satisfied with interpersonal relationships and the level of support associated

Table 4.1. Evaluations of Nursing Work by Survey Year for Respondents Currently Employed in Nursing

Respondents rated their level of		1990			1993			1997	
satisfaction on a scale ranging from 1 (very dissatisfied) to 5 (very satisfied).	Mean	SD	N	Mean	SD	N	Mean	SD	N
Your job overall	3.77	.92	2,224	3.94	.91	2,201	3.95	.96	2,463
2. Your starting salary	3.04	1.10	2,206	3.42	1.05	2,162	3.39	1.08	2,436
3. The salary range for your position	2.91	1.15	2,215	3.34	1.10	2,180	3.19	1.67	2,445
4. Employee benefits	3.34	1.20	2,082	3.58	1.13	2,056	3.47	1.19	2,304
5. Skill of RNs where you work	3.88	.91	2,163	3.94	.90	2,145	3.96	.94	2,408
6. Adequacy of RN staffing where you work	2.97	1.20	2,144	3.29	1.15	2,125	3.13	1.25	2,378
7. Adequacy of clerical support services	2.99	1.16	2,189	3.20	1.16	2,155	3.15	1.17	2,404
8. Non-nursing tasks required (housekeeping, lab, transportation)	2.78	1.12	2,052	3.05	1.07	1,993	3.09	1.04	2,180
9. Physical work environment	3.37	1.09	2,232	3.58	1.01	2,191	3.60	1.01	2,449
10. Work schedule							3.97	.97	2,464
11. Support from other nurses you work with	3.92	.96	2,172	4.00	.94	2,170	4.01	.97	2,407
12. Support from your nursing administration	2.96	1.19	2,093	3.00	1.18	2,075	3.06	1.27	2,326
13. Relations with physicians	3.65	.97	2,204	3.70	.91	2,150	3.86	.89	2,416
14. Relations with other non-nursing staff	3.86	.72	2,231	3.94	.68	2,186	4.03	.73	2,460
15. Interactions with patients							4.31	.74	2,392
16. Opportunities for advancement	2.95	1.05	2,116	3.15	1.03	2,073	3.15	1.09	2,315
17. Involvement in policy and management decisions	2.90	1.11	2,160	3.08	1.11	2,132	3.06	1.17	2,347
18. Opportunities to use your skills	3.85	.91	2,234	3.98	.85	2,197	3.98	.93	2,470
19. Opportunities to learn new skills	3.58	1.04	2,224	3.75	1.01	2,184	3.74	1.08	2,449
20. Job security	•••			3.42	1.15	2,176	3.31	1.21	2,445
22. Transition from school to first RN job	3.61	1.10	2,189	3.70	1.07	2,148	3.84	1.06	2,418
23. Orientation to new RN jobs	3.52	.99	2,200	3.58	.99	2,144	3.68	.98	2,424
24. Employer sponsored training programs	3.28	1.11	2,108	3.44	1.09	2,094	3.42	1.15	2,373

with their job. (Figure 4.3) In descending order, respondents were most satisfied with: interactions with patients (4.31 on a 5 point scale); relationships with non-nursing staff (4.03); support from other nurses (4.01); opportunities for using one's skills (3.98); work schedule (3.97); the skills of other RNs (3.96); and the job overall (3.95). Conversely, in ascending order, respondents were least satisfied with: the level of support from their nursing administration (3.06); their involvement in policy and management decisions (3.06); non-nursing tasks required of them (3.09); the adequacy of RN staffing (3.13) and clerical support services (3.15) where they work; opportunities for advancement (3.15); the salary range for their position (3.19); and job security (3.31). (Table 4.1 and Figures 4.1 and 4.2) As Figures 4.1 to 4.5 indicate, areas of relative satisfaction and dissatisfaction have been consistent over time. Confidence in the skill of other RNs, support from other nurses, relationships with non-nursing staff, opportunities to use skills, and satisfaction with the transition from school to the first RN job and with the job overall have been relatively high in all three survey years (with means greater than 3.5). On the other hand, respondents have been relatively dissatisfied with support from nursing administration, opportunities for advancement, involvement in management decisions, and the non-nursing tasks required in all three survey years. The latter alone showed marked improvement over the 8 year period.

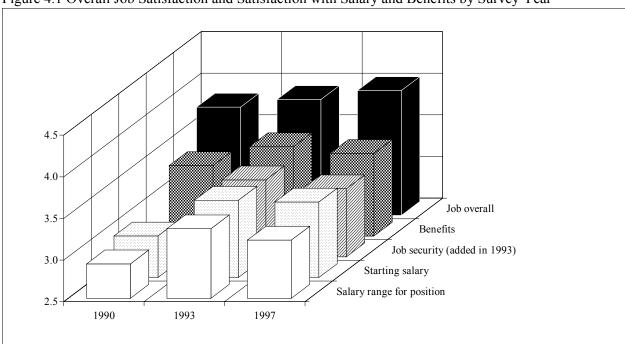


Figure 4.1 Overall Job Satisfaction and Satisfaction with Salary and Benefits by Survey Year

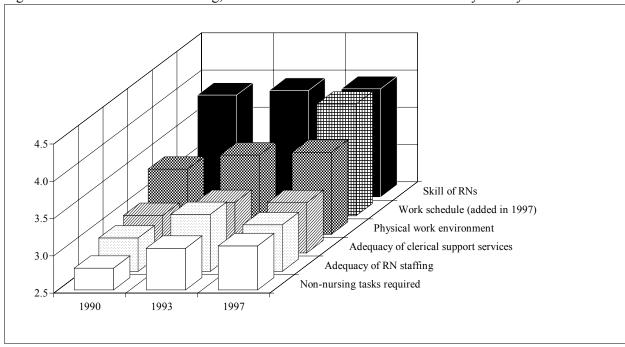
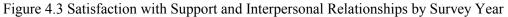
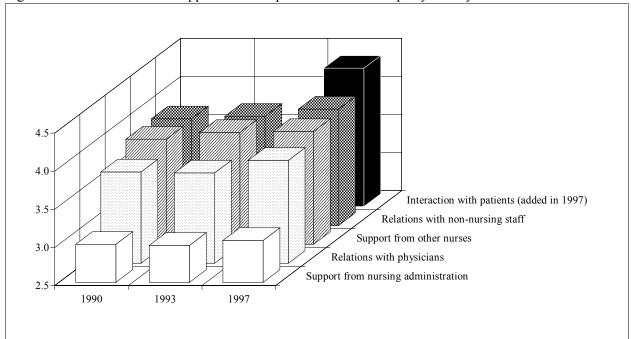


Figure 4.2 Satisfaction with Staffing, Work Environment and Work Schedule by Survey Year





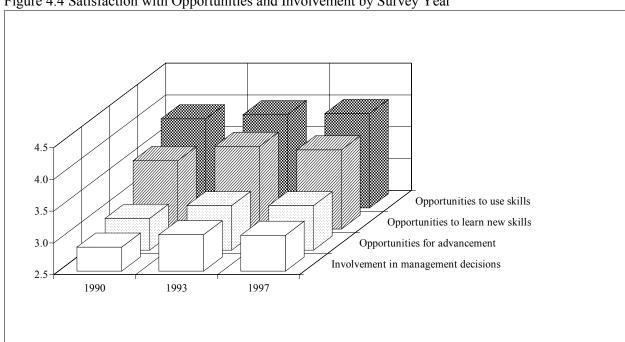
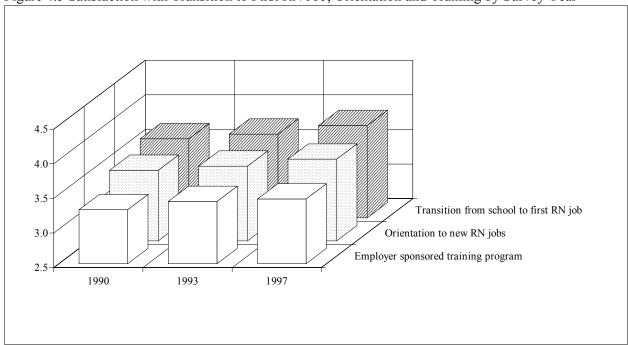


Figure 4.4 Satisfaction with Opportunities and Involvement by Survey Year





Comments

At the end of the survey form, respondents were

invited to include their thoughts and ideas about the profession of nursing in California. Together, BRN and ISR staff developed 18 categories which summarized the most frequent and important subjects addressed in these comments. Seventy-one percent of the comments fell into one or more of these categories. With one exception, most of the comments were negative. The exception involved comments about the respondents' overall level of satisfaction with nursing; almost as many made positive comments on this subject (12.9% vs 15.7% negative). (Table 4.2) Topics drawing negative comments from the largest number of respondents were consistent with the objective measures described above, including: increased workload and responsibility, inadequate staffing and patient/nurse ratio (24.8%); compensation, benefits and job Table 4.3 Percent Distribution security (22.6%); harmful changes in healthcare delivery system (20.3%); decreased quality of care (14.7%); and problems associated with increased use of unlicensed assistive personnel (10.2%).

Table 4.2 Percent Distribution for Comments with Negative and Positive Aspects (N=605)

	Negative %	Positive %
Overall level of satisfaction with nursing	15.7	12.9
Compensation, benefits and job security	22.6	1.7
Work schedule and hours	4.5	1.8
Relationships with other nurses	9.6	1.3
Relationships with administration and management	8.9	.3
Relationships with other staff	1.7	.2
Interaction with patients	10.2	1.8
Job advancement	.8	.8
Career growth opportunities	2.5	1.5

for Negative Comments (N=605)

	%
Increased workload and responsibility, inadequate staffing and patient/nurse ratio	24.8
Harmful changes in healthcare delivery system	20.3
Decreased quality of care	14.7
Problems associated with increased use of unlicensed assistive personnel	10.2
Spending too much time on non-nursing tasks	10.6
Lack of professional unity and recognition	8.1
Downsizing, cutbacks and layoffs	6.8
Difficulties encountered as a newly licensed nurse	5.0
Hazardous working conditions	1.7

Attitudes Evaluated by Features of the Work Setting¹

Respondents' attitudes towards nursing were affected by features of their work setting and to a lesser extent their educational background. Nurses employed in skilled nursing facilities were clearly the most dissatisfied group. This group of nurses was significantly more dissatisfied with benefits, job security, the skills of RNs where they work, the adequacy of clerical support, their work schedule, the physical work environment, support from other nurses and from nursing administration, relationships with non-nursing staff, and the job overall -- in that order. Although they do not differ significantly from other nurses in their dissatisfaction with the salary range for their position, they are less satisfied than those working in other organizations -- as would be expected, since they receive the lowest average salaries. (Table 3.4)

The second most dissatisfied group of nurses were those working for temporary agencies or registries. They were significantly more dissatisfied with their work schedule, job security, the adequacy of RN staffing where they work, their work environment, support from other nurses, the transition from school to their first RN job, the job overall and interactions with patients.

Two groups had differing attitudes about their work in nursing: respondents working in acute hospitals and those working in home nursing care. Nurses working in acute hospitals were most dissatisfied with job security, support from nursing administration, the adequacy of RN staffing and benefits than nurses employed in other organizations. On the other hand, they were more satisfied than nurses in other settings with opportunities to learn new skills, use existing ones, and advance in their profession. Respondents in home nursing care were among the most dissatisfied with benefits, job security and their work schedule. Conversely, they were quite positive about the adequacy of RN staffing, interac-

tions with patients, and the opportunity to learn new skills and advance in their profession.

The most satisfied groups of nurses were those in three specialities: obstetrics, geriatrics, and perioperative/anesthesia. Obstetric nurses were most satisfied with the job overall, the opportunity to use their nursing skills, support from other nurses, their work environment, work schedule and relationships with physicians and the non-nursing staff. Geriatric nurses especially appreciated their physical work environment, job security, clerical support, support from nursing administration, work schedule and starting salary. Perioperative/anesthesia nurses were more enthusiastic than nurses in other areas about the job overall, job security, their physical work environment, the limited number of nonnursing tasks required in their job, and their relationships with non-nursing staff.

Three other specialities were more satisfied than most on four features of nursing work. Pediatric nurses perceive more support from nursing administration, are more satisfied with the non-nursing tasks required, and are more satisfied with relationships with physicians and opportunities to use their nursing skills. Respondents working in emergency/trauma units were very positive about the opportunities to apply skills and learn new ones, about relationships with physicians and the non-nursing staff. Critical care nurses were quite satisfied with their job security, work environment, the adequacy of RN staffing, and the opportunity to use their skills.

Although advanced practice nurses were not distinguished from others in their attitudes towards many features of nursing employment, they were relatively much more positive regarding three aspects. They clearly appreciated the opportunity to use their nursing skills and learn new ones and they were more satisfied than most with the non-nursing tasks required.

¹ This discussion is based on the results of a multiple regression analysis.

Nurses in management positions felt relatively more support from nursing administration, and felt more satisfied with their opportunities for advancement and their involvement in policy and management decisions -- although only the latter generated a strongly positive response.

Respondents were in remarkable agreement on some features of nursing employment. Other features sparked strong and sometimes divergent opinions among those in different positions or work settings. Respondents were uniformly positive about the transition from school to their first RN job and their orientation to new RN jobs. They were mildly positive about employer sponsored training programs, their starting salary and the salary range for their position.

They were generally positive about the benefits associated with their job, although three groups dissented strongly -- specifically, nurses working in skilled nursing facilities, home nursing care and acute hospitals. They were also quite positive about the skills of RNs they work with -- with the exception of those in skilled nursing facilities. Patient interactions gave them the most satisfaction of all with only temporary agency nurses noticeably less enthusiastic with this aspect of their job. With the exception of those in management positions, nurses were least satisfied with their involvement in policy and management decisions.

Other areas of general agreement include more satisfaction with relationships with physicians and support from other nurses (with those in skilled nursing facilities and temporary agencies less positive than most). While most respondents were not enthusiastic about opportunities for advancement, those in management positions, home nursing care and acute hospitals were somewhat more so.

Divergent feelings were most apt to occur in opinions about the work environment and job security. While respondents working in critical care, perioperative/anesthesia and obstetrics were more positive about this feature, respondents working in skilled nursing facilities and for temporary agencies were noticeably less satisfied. Similarly, nurses in these same specialty areas (obstetrics excepted)

were somewhat more positive about their job security. Nurses in skilled nursing facilities, acute hospitals, home nursing care, ambulatory care settings and temporary agencies were less satisfied with their job security.

There were some differences of opinion about work schedule, the degree of support from nursing administration and relationships with non-nursing staff. Respondents in skilled nursing facilities, home nursing care and temporary agencies were less satisfied with their work schedules than those in other settings. Similarly, nurses in skilled nursing facilities and acute hospitals were more dissatisfied with the level of support from nursing administration. Nurses in skilled nursing facilities were also noticeably less satisfied with -- although still quite positive about -- relationships with non-nursing staff. In contrast, nurses in the clinical specialities of geriatrics, obstetrics, perioperative/anesthesia and emergency care were especially positive about these relationships.

Finally, there were a few features of nursing employment where there were no strong differences of opinion, but where some groups were simply much more satisfied than most respondents. Those who were significantly more enthusiastic about opportunities to use their nursing skills included advanced practice nurses, those employed in acute hospitals and those practicing in pediatrics, obstetrics, emergency and critical care. Respondents who were most satisfied with the opportunity to learn new skills included advanced practice and emergency room nurses as well as those working in acute hospitals and home nursing care. While most respondents were neutral on the non-nursing tasks required in their jobs, a few found them somewhat less objectionable (pediatrics, perioperative/anesthesia and advanced practice nurses).

Comparison of Attitudes for those Employed Inside and Outside Nursing

Nurses employed outside nursing were very similar to those employed in the field in their attitudes towards nursing. In the six instances where they disagreed, those outside nursing were more satisfied on four features of nursing employment: they were more positive about job security, opportunities for learning new skills, the adequacy of clerical support services, and the non-nursing tasks required. Those employed within the field were more satisfied with their work schedule and relationships with physicians than those currently employed in other areas.

CHAPTER 5. IMPLICATIONS FOR THE FUTURE WORK FORCE

Nurses Per Capita in California and the Nation

In a 1996 national survey, it was found that California has the lowest ratio of nurses per 100,000 population of any state (566, compared with a national average of 798). Employed nurses per 100,000 population is highest in New England (1103), the West North Central region (936), and the Middle Atlantic (931). The rate is lowest in the Pacific states (621). Only Idaho (583), Nevada (580), and Oklahoma (581) are close to CA (566) in RNs per 100,000. Comparably urban states --Pennsylvania (1019), New York (911), Illinois (863), Michigan (816), and Texas (629) -- have roughly 50% more nurses per capita than California.¹

Within California in 1997, Los Angeles and the south central valley have the lowest rates of RNs (464 and 407). The highest rates are found in Napa/Sonoma (756), San Francisco and the East Bay (686), and San Jose (647). The rest of the state varies between 553 and 596 nurses per 100,000 population. (Figure 5.1 and Table 5.1)

Age and Employment Status

The 1990s saw a marked improvement in employment opportunities for California's registered nurses. Since 1990, the proportion of non-retired respondents currently working in nursing has increased (from 83% to 89.6%) while the proportion working outside nursing has declined 25% (from 5.6% to 4.2%) and the proportion unemployed has been cut almost in half (from 11.4% to 6.2%). (Table 5.2) The change affected all age groups, but especially those 45 and over. The proportion unemployed dropped 40% for those between 45 and 59 years of age and it dropped 68% for those 60 and over.

With the exception of retirement, withdrawal from the nursing labor force was concentrated in two narrow age categories. Seventy percent of those not currently employed in nursing are mid-career individuals between 35 and 54 years of age. This group last worked in nursing when they were between 36 and 41 years of age. Thirty percent of those not currently employed in nursing dropped out of the nursing labor force in their early 50s (between 49

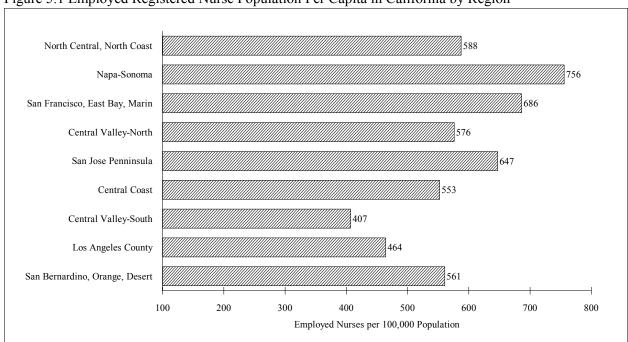


Figure 5.1 Employed Registered Nurse Population Per Capita in California by Region

Table 5.1 Employed Registered Nurse Population Per Capita in California by Region

Region	1997 Sample Number Percent		Estimated Number of Active-Status RN Licensees*	Percent of Respondents Employed as RN in 1997	Estimated Number of Active-Status Licensees Employed as RN in 1997	Estimated Number of Employed RNs per 100,000 population**
North Central, North Coast	127	3.18%	6,876	83%	5,686	588
Napa-Sonoma	121	3.03%	6,551	80%	5,254	756
San Francisco, East Bay, Marin	534	13.35%	28,912	88%	25,356	686
Central Valley-North	389	9.73%	21,062	81%	17,144	576
San Jose Peninsula	393	9.83%	21,278	81%	17,320	647
Central Coast	210	5.25%	11,370	85%	9,619	553
Central Valley-South	180	4.50%	9,746	84%	8,157	407
Los Angeles County	940	23.50%	50,894	87%	44,227	464
San Bernardino, Orange, Desert	734	18.35%	39,741	82%	32,389	561
San Diego, Imperial	372	9.30%	20,141	86%	17,321	596
Total	4,000	100.00	216,571	84%	182,474	554

^{*} With California addresses.

Table 5.2 Employment Status by Age and Survey Year for Non-Retired Respondents*

Survey	_	Age at time of survey							
Year	Employment status	Under 35	35-44	45-54	55-59	60-64	Over 64	Total	
1990	Work in nursing	95.1	86.3	80.3	79.6	71.1	46.0	83.0	
	Work outside nursing	1.2	5.3	9.0	5.8	5.6	9.3	5.6	
	Not currently employed	3.7	8.4	10.7	14.6	23.2	44.7	11.4	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	570	957	599	260	142	150	2,713	
1993	Work in nursing	94.2	90.9	91.0	83.7	81.7	69.3	89.7	
	Work outside nursing	2.9	4.2	5.2	5.7	6.3	8.0	4.7	
	Not currently employed	2.9	4.9	3.8	10.5	11.9	22.7	5.7	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	446	942	634	209	126	88	2,467	
1997	Work in nursing	94.0	90.2	88.8	85.4	85.7	80.4	89.6	
	Work outside nursing	2.2	4.2	4.8	5.7	5.0	3.6	4.2	
	Not currently employed	3.7	5.6	6.4	8.9	9.3	16.1	6.2	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	401	946	953	246	140	56	2,779	

^{*} Although 1990 and 1993 respondents were not asked whether or not they were retired, respondents whose open-ended comments indicated that they were retired were removed from the sample. The 1997 survey included a specific question regarding retirement status. Unless otherwise noted, 1997 retired respondents have been excluded to allow for comparison across survey years.

and 53). Among respondents who retired directly from nursing employment, the mean retirement age was 62. (Table 5.3)

Reasons for leaving nursing vary depending on the age of the nurse. Younger nurses, particularly those under 35, are more apt to leave nursing for personal reasons, while older nurses (60 and over) are retiring. Personal and jobrelated reasons are roughly equal for those in the middle age groups (45 to 59). Lay-offs are most common among nurses 45 and over (varying from 6.8 to 8.9% of those 45 to 64). (Table 5.4)

^{**} Population data are based on State of California, Department of Finance, County Population Estimates for July 1 1997.

Table 5.3 Mean Age Last Worked as Registered Nurse by Current Age for Respondents Not Currently Employed in Nursing

	Current age at time of survey								
	Under 35	35-44	45-54	55-59	60-64	Over 64	Total		
Non-retired respondents	28.1	35.5	41.0	49.2	53.2	51.9	41.3		
Number of cases	19	87	104	35	19	8	951		
Respondents who retired from nursing			35.5	55.8	59.4	64.5	62.0		
Number of cases			2	5	25	59	91		

Table 5.4 Reasons for Leaving Nursing by Age Last Worked as Registered Nurse for Respondents Not Currently Employed in Nursing*

Reason for	Age last worked as RN								
leaving nursing	Under 35	35-44	45-54	55-59	60-64	Over 64	Total		
Personal	52.4	45.5	38.6	30.4	16.9	17.5	37.1		
Job-related	38.1	40.2	39.8	32.1	10.2	7.5	31.6		
Retired	1.2	.9	8.4	28.6	66.1	72.5	21.4		
Laid off	1.2	3.6	7.2	8.9	6.8	.0	4.6		
Other	7.1	9.8	6.0	.0	.0	2.5	5.3		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of cases	84	112	83	56	59	40	434		

^{*} Includes retired respondents

Table 5.5 Intentions Regarding Work in Nursing by Age and Survey Year for Non-Retired Respondents Not Employed in Nursing

Survey	Intentions regarding returning to nursing	Age at time of survey							
Year		Under 35	35-44	45-54	55-59	60-64	Over 64	Total	
1990	Definitely will not return	17.9	20.5	34.5	35.8	47.6	69.2	36.9	
	May return	71.4	62.2	56.9	60.4	47.6	28.2	53.8	
	Plan to return	10.7	17.3	8.6	3.8	4.8	2.6	9.2	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	28	127	116	53	42	78	444	
1993	Definitely will not return	36.0	27.3	21.8	32.4	50.0	51.9	32.3	
	May return	40.0	52.3	58.2	61.8	45.5	48.1	52.6	
	Plan to return	24.0	20.5	20.0	5.9	4.5	.0	15.1	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	25	88	55	34	22	27	251	
1997	Definitely will not return	4.2	28.1	32.1	37.1	60.0	33.3	31.1	
	May return	33.3	47.2	41.5	45.7	30.0	33.3	42.0	
	Plan to return	62.5	24.7	26.5	17.1	10.0	33.3	26.9	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	Number of cases	24	89	106	35	20	9	283	

Intentions

Nurses not currently working in nursing were asked about their intentions to return, while those currently employed in nursing were asked whether they anticipated leaving the field within the next five years. Between 1990 and 1997, the proportion of

those not currently working in nursing who planned to return tripled (from 9.2% in 1990 to 26.9% in 1997), while the proportion saying they definitely would not return declined (from 37% to 31%). An increased intent to return to nursing was greatest among those 45 to 59 and among the small number of respondents under 35. But, between 1990 and

Table 5.6 Percent of Currently Employed Nurses Intending to Leave Nursing Within the Next Five Years by Survey Year

		Percent Inte	Percent Intending to Leave Nursing			Number of cases			
		1990	1993	1997	1990	1993	1997		
Overall		14.6	9.8	9.7	2,219	2,160	2,422		
Position	Senior management, service setting	25.0	5.3	9.3	88	75	108		
	Middle management, service setting	17.0	11.5	10.5	276	313	267		
	Direct patient care provider	13.8	9.8	9.3	1,373	1,271	1,446		
	Certified nurse specialist	14.1	11.6	4.2	71	69	71		
	Nurse practitioner	4.2	2.5	5.5	48	40	73		
	School nurse	15.6	6.1	13.0	45	33	46		
	Public health nurse	17.0	10.4	8.8	47	48	34		
	Patient care coordinator/case manager	16.7	13.3	13.7	60	98	131		
	Other	12.8	7.1	10.3	187	198	156		
Position	Management	18.5	10.4	10.2	378	393	381		
groups	Advanced practice	3.0	1.9	7.2	67	54	83		
	Direct Patient care	13.8	9.8	9.3	1,373	1,271	1,446		
	Other	15.4	9.6	10.2	377	427	422		
Organi-	Acute hospital	13.6	9.5	8.8	1,482	1,365	1,435		
zation	Skilled nursing/extended care facility	24.8	17.1	11.5	121	105	165		
	Home nursing care	8.4	10.2	9.1	83	127	165		
	Ambulatory care setting	14.0	7.8	6.9	258	231	216		
	Other	18.0	9.9	13.5	239	293	408		
Clinical	Medical/surgical	13.0	7.8	11.1	752	663	602		
Area	Geriatrics	23.0	17.8	11.4	122	135	236		
	Pediatrics	13.0	8.2	7.7	123	98	142		
	Obstetrics/reproductive health	11.5	8.3	8.0	209	218	224		
	Community/public health	17.8	5.9	11.4	169	169	88		
	Psychiatric/mental health	21.7	16.7	9.0	129	102	89		
	Perioperative anesthesia	16.1	10.5	9.3	137	153	194		
	Emergency/trauma	12.6	12.8	10.4	119	133	134		
	Critical care	12.1	8.7	8.2	348	343	391		
	Other	21.3	12.8	8.2	94	125	196		
Age	Under 35	9.6	7.1	4.0	532	411	371		
	35-44	10.2	5.4	4.7	814	835	825		
	45-54	11.9	8.3	9.2	478	564	824		
	55-59	23.4	18.2	18.0	205	170	206		
	60-64	47.5	37.0	37.6	101	100	117		
	Over 64	51.6	33.3	43.2	64	60	44		
Years	Less than 5 years	7.7	4.1	2.6	339	268	347		
RN	5-9 years	11.5	7.1	5.4	453	396	373		
practice	10-14 years	9.5	9.2	6.9	472	447	389		
	15-24 years	16.7	8.0	7.6	552	635	785		
	More than 24 years	27.0	19.5	22.1	396	395	512		

1997, there was no change in the proportion of those 45 - 59 who said they definitely would not return to nursing (roughly a third in each year). (Table 5.5)

The proportion of currently employed nurses intend-

ing to leave nursing within the next five years has decreased by a third since 1990. In 1990, almost one in seven nurses expected to leave nursing within the next five years; in 1997, that had decreased to one in ten. Age was the most significant variable

affecting this intention, the proportion increasing steadily with age. Virtually nothing in the nursing experience contributed significantly to this intention -- nurses working in different positions, organizations and clinical areas were similar in their plans to leave. Nurses working in an ambulatory care setting constituted the only exception. They were *less* likely than those in other organizational settings to plan on leaving nursing. (Table 5.6)

Projections

Two approaches were used to estimate the number of active RN licenses in California in 2007, ten years after the most recent survey. The simplest approach assumes that the average number of new licenses issued annually in the preceding five years (10,708) is a reasonable estimate of the number that will be issued in succeeding years. It also assumes that the number of active licensees who fail to renew their licenses will remain constant. The

Table 5.7 Projected Number of Active California RN Licenses, 1997-2007

	Estimated Number of:								
Year	Active Licenses at the Beginning of the Year	With- drawals*	New Licenses**	Active Licenses at the End of the Year					
1997	238,414	8,249	10,708	240,873					
1998	240,873	8,334	10,708	243,247					
1999	243,247	8,416	10,708	245,538					
2000	245,538	8,496	10,708	247,751					
2001	247,751	8,572	10,708	249,887					
2002	249,887	8,646	10,708	251,948					
2003	251,948	8,717	10,708	253,939					
2004	253,939	8,786	10,708	255,861					
2005	255,861	8,853	10,708	257,716					
2006	257,716	8,917	10,708	259,507					
2007	259,507	8,979	10,708	261,236					

^{* 3.46%} of active licenses, based on FY 1993/94 to 1997/98 Agency Statistical Profiles (ASP).

withdrawal rate was determined by subtracting the net gain between two years from the number of new active licenses in the later year. Thus, there was a net gain of 3,640 between the 1996/97 survey year, which had 238,414 active licenses and 1997/98, with 242,054. Subtracting 3,640 from the 11,335 new licenses in 1997/98 gives the number of non-renewed licenses (7695), which constitute 3.23% of 1996/97's 238,414 active licenses. Averaging the withdrawal rate over the preceding five years gives the most reasonable estimate of what that rate will be in succeeding years -- a rate of 3.46%.

The estimated number of active licenses in 2007 was then derived by starting with the actual number in 1997 (238,414), adding the average number of new licenses and subtracting the number of nonrenewals in each year to arrive at annual estimates of the number of active licenses at the end of each year. Repeating this procedure for a ten-year period leads to an estimated 261,236 active licenses in 2007. This would overstate the number of active licenses if the drop rate increases -- which may occur as more currently active RNs reach retirement age. This estimate would also be affected by marked changes in the number of new licensees. (See Table 5.7)

The second approach used information gathered from survey respondents to refine these projections. This information included: 1) the proportion working and not working in nursing in 1997; 2) the intention to return to nursing among those currently not employed in nursing and the expectation among those currently employed that they would be out of the labor force in 2002; and 3) age at the time of the survey. Estimates for 2002 were based on the stated intentions of survey respondents in 1997. Estimates for 2007 were based on the proportionate distribution, by age group, of those in and out of the nursing labor force in 1997. It was assumed that the same proportion of nurses will leave the labor force in a given age category in 2007 as occurred in 1997. It was also assumed that new California licensees were distributed across the age categories in the same way as recently licensed respondents. (See Table 5.8)

^{**} Five year average from ASP for FY 1993/94 to 1997/98.

Table 5.8 Projected Number of Active California RN Licenses in 2002 and 2007 by Age, Intentions Regarding Future Nursing Employment and Current Employment Status

			Under 35	35-44	45-54	55-59	60-64	Over 64	Total
Age distrib	ution of 1997 active licensees		32,901	77,723	78,677	21,457	15,735	11,921	238,414
2002 Projection	Age distribution of 1997 active	e licensees in 2002	12,927	51,463	92,862	32,072	21,436	27,654	238,414
Projection	Intentions for Nursing Work	Not doing RN work in 2002*	655	2,700	7,609	5,645	4,909	14,563	36,081
	During Next Five Years	Working in nursing in 2002	12,273	48,763	85,253	26,427	16,527	11,921 27,654 14,563 13,091 .0% 0 69.2% 9,059 4,032 13,091 31,549 47.3% 14,923 0 69.2% 10,326	202,334
	New Licenses 1998-2002	Age distribution of 1997 survey respondents licensed in last five years	51.0%	31.0%	15.0%	3.0%	.0%	.0%	100.0%
		Number of new RNs licensed 1998-2002	27,304	16,597	8,031	1,606	0	0	53,538
	Percent of 1997 survey respondents not currently employed in nursing		6.0%	10.2%	12.1%	19.8%	37.5%	69.2%	15.9%
	Estimated number of 2002 active licensees not employed in nursing		2,375	6,667	11,287	5,551	6,198	9,059	41,136
	Estimated number of 2002 active licensees employed in nursing		37,203	58,693	81,996	22,483	10,329	4,032	214,736
	Total estimated active licenses	in 2002	39,577	65,360	93,284	28,033	16,527	13,091	255,872
2007	Age distribution of 2002 active	e licensees in 2007	3,152	55,402	88,593	48,937	28,238	31,549	255,871
Projection	Percent of 1997 survey respon- to work in nursing during the r		94.9%	94.8%	91.8%	82.4%	77.1%	47.3%	n/a
	Estimated number of 2002 act to work in nursing during the i	2	2,991	52,521	81,328	40,324	21,771	14,923	213,859
	New licenses 2003-2007		27,304	16,597	8,031	1,606	0	0	53,538
	Percent of 1997 survey respon	dents not currently employed in nursing	6.0%	10.2%	12.1%	19.8%	37.5%	69.2%	15.9%
	Estimated number of 2007 act	ive licensees not employed in nursing	1,818	7,050	10,812	8,302	8,164	10,326	46,473
	Estimated number of 2007 act	ive licensees employed in nursing	28,478	62,068	78,547	33,628	13,607	4,596	220,924
	Total estimated active licenses	in 2007	30,296	69,118	89,359	41,930	21,771	14,923	267,397

^{*} This category includes those employed in nursing in 1997 who intend to leave nursing within the next five years, as well as those not employed in nursing who indicated that they will not return to nursing. The estimate assumes that since this group does not plan to be in the nursing labor force in 2002, they will not maintain active RN licenses.

^{**} These percentages include those remaining in the labor force as well as re-entries. Applying these percentages has the effect of removing those not in the nursing labor force from the pool of active licensees.

Table 5.9 Age Distribution of Active California RN Licensees by Year*

		Percentage Distribution for Active Licensees			Number of Active Licensees			
	1997	1997 2002 2007		1997	2002	2007		
Under 35	13.8	15.5	11.3	32,901	39,577	30,296		
35-44	32.6	25.5	25.8	77,723	65,360	69,118		
45-54	33.0	36.5	33.4	78,677	93,284	89,359		
55-59	9.0	11.0	15.7	21,457	28,033	41,930		
60-64	6.6	6.5	8.1	15,735	16,527	21,771		
65+	5.0	5.1	5.6	11,921	13,091	14,923		
Total	100.0	100.0	100.0	238,414	255,872	267,397		

^{*} Actual expanded age distribution for 1997, projected age distribution for 2002 and 2007.

The estimate produced by the second approach (267,397 active licensees in 2007) is greater than that generated by the first. The second probably overstates the case because active licensees not currently employed in nursing were only omitted if they indicated they "definitely would not return to nursing." A similar number, who indicated they "may return," were counted as returning. Undoubtedly, some portion of these will not; but there is no basis for choosing what proportion that will be.

Both approaches overstate the number of active licensees in the California labor force because a substantial number of licensees live in other states. In the survey year, 1996/97, out-of-state licensees made up 8.8% of the total number of active licenses in the state. Assuming this number is relatively constant from year to year, the effective labor force would be approximately 91.2% of the estimates. Using the first approach, the resident, effective labor force in 2007 is estimated to be 238,247 RNs, while under the second approach, the number would be 243,866.

With either approach, it is important to note that the real impact of the maturing RN population will probably not be felt until 2012, when the vanguard of the baby boom generation moves into retirement age. In 1997, almost half (47%) of active licensees were under 45; by 2007, little more than a third were this young (37%) and half (49%) were 45 to 59. By 2012, a third of this group (16%) will have matured into what may be the prime retirement category (60 -64) -- so named because the mean, median and modal retirement age among retired respondents in 1997 was 62. This should increase the proportion of withdrawn licenses -- and the proportion not returning to nursing -- further reducing the net gain in active licensees unless significant increases occur in the number of new licensees. (See Table 5.9)

1. Employed nurses per 100,000 population is taken from *The Registered Nurse Population, March 1996: Findings from the National Sample Survey of Registered Nurses*, Health Resources and Services Administration, U.S. Department of Health and Human Services, pp. 70 - 71.



Table A-1. Evaluations of Nursing Work by Survey Year for Respondents Currently Employed in Nursing

sat	spondents rated their level of isfaction on a scale ranging from very dissatisfied) to 5 (very satisfied).		1990			1993			1997	
Ì		Mean	SD	N	Mean	SD	N	Mean	SD	N
1.	Your job overall	3.77	.92	2,224	3.94	.91	2,201	3.95	.96	2,463
2.	Your starting salary	3.04	1.10	2,206	3.42	1.05	2,162	3.39	1.08	2,436
3.	The salary range for your position	2.91	1.15	2,215	3.34	1.10	2,180	3.19	1.67	2,445
4.	Employee benefits	3.34	1.20	2,082	3.58	1.13	2,056	3.47	1.19	2,304
5.	Skill of RNs where you work	3.88	.91	2,163	3.94	.90	2,145	3.96	.94	2,408
6.	Adequacy of RN staffing where you work	2.97	1.20	2,144	3.29	1.15	2,125	3.13	1.25	2,378
7.	Adequacy of clerical support services	2.99	1.16	2,189	3.20	1.16	2,155	3.15	1.17	2,404
8.	Non-nursing tasks required (housekeeping, lab, transportation)	2.78	1.12	2,052	3.05	1.07	1,993	3.09	1.04	2,180
9.	Physical work environment	3.37	1.09	2,232	3.58	1.01	2,191	3.60	1.01	2,449
10.	Work schedule							3.97	.97	2,464
11.	Support from other nurses you work with	3.92	.96	2,172	4.00	.94	2,170	4.01	.97	2,407
12.	Support from your nursing administration	2.96	1.19	2,093	3.00	1.18	2,075	3.06	1.27	2,326
13.	Relations with physicians	3.65	.97	2,204	3.70	.91	2,150	3.86	.89	2,416
14.	Relations with other non-nursing staff	3.86	.72	2,231	3.94	.68	2,186	4.03	.73	2,460
15.	Interactions with patients							4.31	.74	2,392
16.	Opportunities for advancement	2.95	1.05	2,116	3.15	1.03	2,073	3.15	1.09	2,315
17.	Involvement in policy and management decisions	2.90	1.11	2,160	3.08	1.11	2,132	3.06	1.17	2,347
18.	Opportunities to use your skills	3.85	.91	2,234	3.98	.85	2,197	3.98	.93	2,470
19.	Opportunities to learn new skills	3.58	1.04	2,224	3.75	1.01	2,184	3.74	1.08	2,449
20.	Job security				3.42	1.15	2,176	3.31	1.21	2,445
22.	Transition from school to first RN job	3.61	1.10	2,189	3.70	1.07	2,148	3.84	1.06	2,418
23.	Orientation to new RN jobs	3.52	.99	2,200	3.58	.99	2,144	3.68	.98	2,424
24.	Employer sponsored training programs	3.28	1.11	2,108	3.44	1.09	2,094	3.42	1.15	2,373

ISR would like to thank the Survey Research Center at CSU Chico for their generous cooperation and assistance in providing the data for the first two survey years. In this table, as well as others throughout this report, there are minor differences between the 1990 and 1993 data files, which ISR obtained from the Survey Research Center at CSU Chico, and the information presented in the reports for these years. These differences are usually due to the criteria for including subsets of cases in the analysis.

When the number of cases approximates 2200, and with a 95% confidence interval, mean values for the comparable registered nurse population will vary \pm .046 around the values shown in this table. Unlike percentages, the intervals for means cannot be generalized to interval widths for means in other tables because the widths are also influenced by the standard deviations involved.

Table A-2. Employment in Nursing by Survey Year

		1990	1993	1997
		%	%	%
I. Are you currently employed in nursing?	Yes	82.6	89.3	84.2
You should answer yes if you are	No	17.4	10.7	15.8
now working in nursing, even if it is only part-time or if you	Total	100.0	100.0	100.0
also have a non-nursing job.	Number of cases	2,724	2,476	2,955
26. How many hours a <i>week</i> do you	8 hours or less	2.4	2.5	2.0
usually work as a registered nurse?	9-16 hours	5.3	4.8	4.0
	17-24 hours	13.3	11.6	10.4
	25-32 hours	15.4	14.3	14.6
	33-40 hours	42.7	47.4	50.5
	41-48 hours	10.5	8.5	9.9
	More than 48 hours	10.4	10.9	8.7
	Total	100.0	100.0	100.0
		36.1	36.3	36.3
		12.9	12.3	11.0
	Number of cases	2,251	2,212	2,470
Hours worked per week in primary nursing	8 hours or less	2.8	3.1	2.8
position (from item 30, the position in	9-16 hours	7.3	5.9	4.8
which respondents spend the greatest	17-24 hours	15.8	14.4	12.8
amount of time)	25-32 hours	16.1	16.2	14.9
	33-40 hours	44.2	49.5	51.3
	41-48 hours	7.5	5.0	7.7
	More than 48 hours	6.4	5.8	5.6
	Total	100.0	100.0	100.0
		34.0	33.9	34.6
		12.5	11.5	10.7
	Number of cases	2,232	2,201	2,430
27. How many hours a <i>day</i> do you usually work as a registered nurse?	4 hours or less			2.5
-	5-7 hours			6.8
	8 hours			45.0
	9-11 hours			18.6
	12 hours			24.4
	More than 12 hours			2.6
	Total			100.0
				9.1
				2.3
	25. Number of cases	<u> </u>		2,433

¹ This question was not asked in 1990 and 1993. The information shown here for these years was inferred from responses to other questions. All remaining information presented in this table excludes respondents not currently employed in nursing.

Table A-2. Employment in Nursing by Survey Year

			1990	1993	1997
			%	%	%
28.	How many hours per week do you usually	None or less than 30 minutes			36.6
	remain and work overtime as a registered	1-2 hours			31.3
	nurse without any advance notice?2	3-4 hours			15.1
		5-6 hours			6.7
		7-8 hours			4.0
		More than 8 hours		•••	6.4
		Total			100.0
					2.5
					4.1
		Number of cases			2,309
29.	Do you currently hold more than one	No	80.8	79 6	76.4
	nursing position? "Position" refers	Yes	19.2	20.4	23.6
	to more than one employer, job title,	Total	100.0	100.0	100.0
	or classification.	Number of cases	2,222	2,201	2,431
	If yes, please write in the	Two	83.7	88.4	83.4
	number of nursing positions.	Three	13.9	10.3	14.7
		Four to six	2.4	1.3	1.9
		Total	100.0	100.0	100.0
		Number of cases	424	447	518
	Number of nursing positions	One	80.9	79.7	78.2
	(computed from above items)	Two	16.0	18.0	18.2
		Three	2.7	2.1	3.2
		Four to six	.5	.3	.4
		Total	100.0	100.0	100.0
		Number of cases	2,219	2,198	2,376
30.	Number of non-nursing	None	91.5	92.5	91.4
	positions (computed)	One	8.1	6.8	8.0
		Two to three	4_	.7	.6
		Total	100.0	100.0	100.0
		Number of cases	2,251	2,212	2,489
	Number of hours worked	8 hours or less	76.8	38.5	38.3
	per week in non-nursing	9-16 hours	9.2	26.1	23.0
	positions (computed)	17-24 hours	2.1	13.0	12.0
		25-32 hours	3.5	13.0	7.2
		33-40 hours	6.3	6.2	13.9
		41-48 hours	1.4	1.9	2.4
		More than 48 hours	7_	1.2	3.3
		Total	100.0	100.0	100.0
			7.8	15.8	18.1
			11.9	13.2	15.5
		Number of cases	142	161	209

² Caution should be used in interpreting responses to this item. Respondents were asked to write-in their weekly unscheduled overtime hours. When respondents left the question blank, it is impossible to tell whether they: a) skipped the question; or b) do not work unscheduled overtime and therefore felt the question was not applicable to them. We know that the latter was the case for some respondents because they noted that they are salaried or exempt employees and said the question did not apply to them. Since this problem was not discovered until after the data entry phase, cases where the item was left blank have been treated as missing. Only respondents who actually wrote in "0" are counted as not working any unscheduled overtime. This produces a higher non-response rate for Question 28 (7.2%) than for Questions 26 and 27 (.8% and 2.2% respectively).

Table A-2. Employment in Nursing by Survey Year

		1990	1993	1997
		%	%	%
Percent of working hours	Less than 50%	10.6	20.5	11.1
spent on nursing position(s)	50% to 75%	14.1	38.5	45.9
for respondents who also hold non-nursing positions (computed)	More than 75%	75.4	41.0	43.0
non-nursing positions (computed)	Total	100.0	100.0	100.0
		80.4	65.0	67.4
		23.5	22.8	20.9
	Number of cases	142	161	209
31. How long have you been employed in the	Less than 5 years	49.4	50.4	40.8
nursing position which currently requires	5-9 years	22.1	24.1	24.8
the greatest number of hours per week or month?	10-14 years	14.4	14.1	13.9
monur?	More than 14 years	14.1	11.3	20.5
	Total	100.0	100.0	100.0
		7.0	6.5	8.2
		7.1	6.2	7.7
	Number of cases	2,222	2,168	2,424
32. If you listed in question 30 any	Did not indicate that any positions	92.2	93.2	92.2
positions that do not require that	The job is related to health care and	2.7	2.5	4.1
you be a licensed RN, please check	The job is related to health care and	1.4	.7	.7
the statement which best describes the nature of that employment.	The job is unrelated to health care	3.7	3.6	3.1
the nature of that employment.	Total	100.0	100.0	100.0
	Number of cases	2,251	2,212	2,489
33. Have any of your nursing employers	No, no change to time base			73.0
changed your time base within the	Yes, laid off			1.7
last 12 months?	Yes, reduced hours worked			7.9
	Yes, increased hours worked			7.4
	Yes, other			10.2
	Total			100.0
	Number of cases		•••	2,420
34. Are you currently employed in	No	94.8	93.4	93.5
any nursing position through	Yes	5.2	6.6	6.5
a temporary agency/registry?	Total	100.0	100.0	100.0
	Number of cases	2,224	2,198	2,455
35. Indicate the reasons you work	Wages	75.0	68.5	59.4
for a temporary agency/registry.	Benefits	4.3	2.1	4.4
Check all that apply.	Control of schedule	85.3	68.5	56.9
	Control of work location	58.6	32.2	30.6
	Waiting for a desirable	6.0	14.4	19.4
	Other 3	24.1	17.8	21.9
	Number of cases	116	146	160

³ Sub-categories for 1997 include: supplemental income (6.9%); maintain skills/get experience (3.8%); and better working conditions (2.5%).

Table A-2. Employment in Nursing by Survey Year

		1990	1993	1997
		%	%	%
36. Check the category which best describes	Senior management, service setting	4.0	3.5	4.6
the nursing position in which you spend	Middle management, service setting	12.5	14.5	11.4
the greatest number of hours per week or month. This is the same job identified in	Direct patient care provider	62.6	59.5	62.1
question 31.	Clinical nurse specialist	3.2	3.2	3.1
question 31.	Certified registered nurse anesthetist	.5	.5	.3
	Certified nurse midwife	.4	.2	.1
	Nurse practitioner	2.2	1.8	3.2
	Educator, service setting	1.7	2.0	.9
	Management/administrator, academic setting	.7	.2	.3
	Educator, academic setting	1.2	1.3	1.0
	School nurse	2.0	1.6	2.0
	Public health nurse	2.2	2.2	1.5
	Patient care coordinator/case manager	2.7	4.5	5.6
	Consultant	.8	.9	1.1
	Researcher	.2	.8	.4
	4 Other	3.1	3.3	2.6
	Total	100.0	100.0	100.0
	Number of cases	2,227	2,190	2,375
37. Approximately what percentage of your	Administration/management			12.7
time is spent on each of the following	Direct client care			65.4
functions during a typical week? This refers to the same job identified in	Indirect client care (e.g.,			17.5
question 31. (Means rather than	Education of students			3.0
percentages are shown for this	Other		•••	1.4
panel of the table)	Number of cases			2,422

⁴ For the 1997 survey, 17 respondents (.7%) who wrote in position titles such as quality assurance, quality improvement, utilization review, utilization management and risk management were included in the "other" category.

⁵ Functions that respondents included in the "other" category were reviewed and sometimes re-categorized. For example, when respondents put time spent charting under other, this time was moved to direct client care, in accordance with questionnaire instructions. Duties such as clerical, cleaning, stocking, housekeeping, driving, equipment maintenance and set-up, dealing with visitors, and patient phone calls -- which were described under other by 90 respondents -- were moved to indirect client care. When the description of time spent on other functions included multiple tasks belonging in different categories, responses were not edited.

Table A-2. Employment in Nursing by Survey Year

			1990	1993	1997
			%	%	%
38.	Check the category which best describes	Acute hospital	67.9	64.3	60.2
	the type of organization in which you	Skilled nursing/extended care facility	5.6	5.1	7.1
	work at the job identified in question	Academic nursing program	1.3	1.5	.8
	31. If you work through a temporary agency or registry, please check the	Public health/community health program	3.4	2.5	2.7
	type of organization where you most	Home nursing care	3.8	5.9	6.8
	frequently staff.	Ambulatory care setting	11.8	10.9	9.0
	and the same of th	Occupational health/employee health	1.5	.8	.7
		Student health service	2.1	1.6	1.5
		Mental health/drug, alcohol treatment		2.9	1.8
		Insurance organization		.0	1.6
		Self employed	1.1	.7	.5
		Other	1.5	3.8	7.3
		Total	100.0	100.0	100.0
		Number of cases	2,212	2,164	2,444
39.	Check the one category which best	Medical/surgical	34.0	31.0	26.3
	describes the clinical area in which	Geriatrics	5.6	6.5	10.3
	you most frequently practice.	Pediatrics	5.6	4.5	6.3
		Obstetrics/reproductive health	9.4	10.1	9.7
		Community/public health	7.7	7.9	3.7
		Psychiatric/mental health	5.8	4.7	3.9
		Perioperative/anesthesia	6.3	7.2	8.4
		Emergency/trauma	5.4	6.1	5.8
		Critical care	15.9	16.3	17.1
		Other	4.2	5.8	8.5
		Total	100.0	100.0	100.0
		Number of cases	2,233	2,186	2,347
40.	If you do not currently work in	No			81.9
	an acute hospital, have you been	Yes			18.1
	employed in an acute hospital in the last 24 months?	Total			100.0
	in the last 24 months?	Number of cases			914
41.	Do you supervise any unlicensed	No			39.3
	assistive personnel?	Yes			60.7
		Total			100.0
		Number of cases	•••		2,456
42.	Do you practice telehealth/	No			97.0
	telemedicine across state lines?	Yes			3.0
		Total			100.0
		Number of cases			2,456

⁶ For the 1997 survey, 54 respondents who checked acute hospital as well as another type of organization were included under acute hospital. Several sub-categories under "other" were noted for the 1997 survey: correctional facility (N=24); outpatient or ambulatory surgery (N=18); HMO (N=16); school (N=14); and hospice (N=12).

⁷ A number of sub-categories were noted for the 1997 survey. Obstetrics/reproductive health includes 17 respondents practicing in the area of neonatal/newborn care. Urgent care was included in emergency/trauma. The largest sub-category of other clinical areas was ambulatory care/family practice (N=48). Seventeen of these respondents also indicated that they are nurse practitioners, making them the primary health provider. Additional sub-categories for "other" include: telemetry (N=26); home health (N=25); employee/occupational health (N=20); rehabilitation (N=17); and school nurse (N=14).

Table A-2. Employment in Nursing by Survey Year

			1990	1993	1997
			%	%	%
43.	Check the category below which best	Large central city (over 250,000 population)	38.8	40.5	41.4
	describes the location of the organization	Suburbs of a large city	17.6	15.6	14.1
	described in question 38.	Medium sized city (50,000-250,000)	28.7	30.8	31.0
		Suburbs of a medium sized city	2.9	3.1	2.9
		Small town (10,000-49,999)	9.0	7.7	7.5
		Rural area (less than 10,000, not suburb)	2.6	2.1	2.6
		Other	.4	.1	.5
		Total	100.0	100.0	100.0
		Number of cases	2,197	2,147	2,403
44.	How many miles one way is it from	Less than 5 miles	21.5	21.6	16.4
	your home to the nursing job	5-9 miles	24.0	22.2	20.5
	described in questions 31 and 38?	10-19 miles	31.8	30.1	31.7
		20-39 miles	18.4	20.2	24.2
		More than 40 miles	4.3	5.9	7.2
		Total	100.0	100.0	100.0
			13.1	14.4	15.9
			12.0	13.9	13.7
		Number of cases	2,232	2,165	2,426
45.	How long have you practiced as a	Less than 5 years	15.4	12.8	14.4
	registered nurse? Subtract any periods	5-9 years	20.3	18.4	15.7
	of time since licensure when you were	10-14 years	21.4	20.9	16.0
	not employed as an RN.	15-24 years	24.9	29.5	32.6
		More than 24 years	18.0	18.5	21.3
		Total	100.0	100.0	100.0
			14.7	15.5	16.1
			10.2	9.8	10.3
		Number of cases	2,241	2,187	2,461
46.	Have you ever stopped working as a	No	74.9	77.0	80.8
	registered nurse for a period of more	Yes	25.1	23.0	19.2
	than one year?	Total	100.0	100.0	100.0
		Number of cases	2,229	2,181	2,469
47.	Indicate the reasons you stopped working	Child care responsibilities	71.9	68.7	62.7
	as a registered nurse for a period of more	Other family responsibilities	19.0	14.0	10.8
	than one year. Check all that apply.	Moving to a different area	30.2	31.5	29.1
		Stress on the job		9.0	10.5
		Injury or illness	9.8	11.6	9.1
		Salary		1.8	2.3
		Other dissatisfactions with your job	•••	7.8	7.0
		Dissatisfaction with the nursing profession	16.6	12.4	8.4
		Go back to school	10.0	12.2	14.8
		Travel	5.0	6.4	6.3
		To try another occupation	12.9	14.2	15.2
		Laid off			1.7
		Other	5.5	2.8	3.2
		Number of cases	559	501	474

Table A-2. Employment in Nursing by Survey Year

			1990	1993	1997
			%	%	%
48.	When you returned to nursing, did	No	73.4	76.5	70.9
	you take a refresher ourse/program?	Yes	26.6	23.5	29.1
		Total	100.0	100.0	100.0
		Number of cases	556	498	464
49.	Within the next five years, what are your	Plan to increase hours of nursing work	6.7	8.4	8.5
	intentions regarding the amount of time you spend in nursing? Check one only.	Plan to work approximately as much as now	46.1	60.1	57.1
		Plan to reduce hours of nursing work	32.7	21.8	24.7
		Plan to leave nursing entirely	14.6	9.8	9.7
		Total	100.0	100.0	100.0
		Number of cases	2,219	2,160	2,422
50.	If your current position was no longer	The work hours and environment			85.0
	available, would you be interested in	were essentially the same			
	working in a nursing role in another organization if: (percent answering	Number of cases			2,387
	yes is shown)	Retooling or retraining were necessary			66.8
	y 40 10 0110 (111)	(e.g., moving from hospital to home care)			
		Number of cases			2,227
		Relocation was required (e.g., moving			30.6
		from one part of the state to another)			
		Number of cases			2,189

Table A-3. Respondents Not Presently Employed in Nursing by Survey Year

		1990	1993	1997	
		%	%		
				Non-retired %	All %
51. Which category best describes	Employed outside nursing	33.1	45.1	40.7	25.6
your current employment	Not working	66.9	54.9		
situation?	Seeking work in nursing			11.7	7.4
	Seeking work outside nursing			3.4	2.2
	Not seeking work, but plan to return			25.5	16.1
	Not employed for medical reasons			6.2	3.9
	Not employed for family reasons			3.1	2.0
	Not employed by choice	•••		4.8	3.0
	Other			4.8	2.8
	Retired				37.1
	Total	100.0	100.0	100.0	100.0
	Number of cases	462	255	290	461
52. Does your position utilize any	No	37.3	26.5	13.4	
of your nursing knowledge?	Yes	62.7	73.5	86.6	
(Only for currently employed)	Total	100.0	100.0	100.0	
	Number of cases	150	113	119	
53. How many hours per week	8 hours or less	6.0		4.5	
do you usually work?	9-16 hours	6.6		6.3	
(Only for currently employed)	17-24 hours	11.3		12.5	
	25-32 hours	8.6		13.4	
	33-40 hours	43.0		35.7	
	41-48 hours	8.6		8.9	
	More than 48 hours	15.9		18.8	
	Total	100.0		100.0	
		35.8		36.0	
		14.5		15.3	
	Number of cases	151		112	
54. What was the last year you	One year ago or less	11.7	19.2	25.5	26.3
worked as a registered nurse	2-4 years ago	25.9	30.6	25.2	27.0
for at least six months?	5-9 years ago	21.4	27.3	22.6	22.7
(computed to reflect number of years before survey year)	10-14 years ago	16.9	13.9	14.2	12.9
yours octore survey year;	15-24 years ago	14.6	6.1	9.1	8.2
	More than 25 years ago	9.5	2.8	3.3	2.9
	Total	100.0	100.0	100.0	100.0
		10.0	6.7	6.7	6.5
		9.3	7.3	7.1	7.3
	Number of cases	444	245	274	441

Table A-3. Respondents Not Presently Employed in Nursing by Survey Year

			1990	1993	1997	
			%	%	Non-retired % 29.8 38.2 22.1 6.3 2.2 1.5 100.0 40.6 9.6 272 14.9 22.1 25.4 25.4 12.3 100.0 13.3 8.5 276 18.9 3.9 6.4 6.8 11.8 1.8 5.7 10.0 2.5 16.1 1.1	
				_		All %
A 1 1 1 1 1	1					
Age when last worked registered nurse for a		Under 35	36.3	28.0		19.8
least six months (com		35-44	28.6	33.7		25.7
from questions 54 an		45-54	15.9	21.0		18.9
•		55-59	8.8	7.0		12.8
		60-64	8.3	5.8		13.7
		Over 64	2.1	4.5		9.1
		Total	100.0	100.0	100.0	100.0
			41.4	42.5	40.6	47.3
			11.9	11.6	9.6	13.0
		Number of cases	433	243	272	439
55. How many years had		Less than 5 years	14.9	10.8	14.9	10.8
practiced as a register		5-9 years	22.5	26.4	22.1	16.2
before leaving? Subtr		10-14 years	23.9	23.6	25.4	19.6
period of time since licensure when you were not employed as an RN.	15-24 years	22.8	24.0	25.4	23.6	
	More than 24 years	16.0	15.2	12.3	29.9	
		Total	100.0	100.0	100.0	100.0
			14.4	14.2	13.3	18.5
			11.0	9.5	8.5	12.2
		Number of cases	457	250	276	445
56. Which of the following	ng was	Child care responsibilities			18.9	13.8
the greatest factor in y		Other family responsibilities			3.9	4.0
decision to leave nurs	ing?	Moving to a different area			6.4	4.9
Check only one.		Stress on the job		•••	6.8	6.9
		Injury or illness			11.8	12.0
		Salary			1.8	1.6
		Other dissatisfaction with your job			5.7	5.3
		Dissatisfaction with			10.0	7.6
		Go back to school			2.5	1.8
		To try another occupation			16.1	10.0
		Retired				21.6
		Laid off			5.4	4.4
		Other			9.6	6.2
		Total			100.0	100.0
		Number of cases			280	450
57. Which of the following	ng best	Definitely will not return to nursing	36.8	32.4	30.9	43.6
describes your curren		May return to nursing	54.1	52.6	42.5	38.9
intentions regarding w		Plan to return to nursing in the future	9.1	15.0	26.7	17.6
in nursing?		Total	100.0	100.0	100.0	100.0
		Number of cases	451	253	285	450

Table A-4. Education by Survey Year for Respondents Currently Employed in Nursing

			1990	1993	1997
			%	%	%
58.	What was the highest level of	Less than a High School degree	.6	.5	
	education you had prior to your	High School degree	69.0	62.9	57.
	basic nursing education?	Associate degree	18.6	22.7	22.
		Baccalaureate degree	11.0	13.2	17.
		Master's degree	.7	.6	1.
		Doctoral degree	1_	.0	
		Total	100.0	100.0	100.
		Number of cases	2,237	2,197	2,455
59.	In what kind of program did you	Diploma program	32.3	28.1	23.
	receive your initial pre-licensure	Associate degree program	39.0	43.0	44
	registered nursing education?	Baccalaureate degree program	28.6	28.6	31.
		Master's degree program	.1	.3	
		Doctoral degree program	.0	.0	
		Total	100.0	100.0	100.
		Number of cases	2,229	2,196	2,440
50.	What year did you graduate	Before 1960	16.7	10.4	5.
	from that program?	1960-1969	17.7	17.0	15.
		1970-1979	31.7	31.0	28.
		1980-1989	33.9	33.7	31
		1990-1997	.0	7.9	19
		Total	100.0	100.0	100
		Number of cases	2,230	2,193	2,42
	Response provided was used to compute	Less than 5 years ago	11.9	10.5	11
	number of years before survey year	5-9 years ago	18.0	16.4	13
		10-14 years ago	20.0	18.7	14
		15-24 years ago	23.3	29.4	33
		More than 24 years ago	26.9	25.0	27
		Total	100.0	100.0	100
			17.4	17.5	18
			11.6	11.0	10
		Number of cases	2,230	2,193	2,424
	Age when graduated from initial pre-	Under 20	.9	1.0	1.
	licensure registered nursing program	20-24	62.6	58.9	55
	(computed from items 60 & 71)	25-29	16.8	17.5	18
		30-34	9.6	10.4	11
		35-44	8.3	9.5	11
		45-54	1.4	2.2	2
		55 or older	.5	.4	
		Total	100.0	100.0	100
			25.5	26.1	26
			6.8	6.9	6
		Number of cases	2,202	2,172	2,390
51.	In what state or country did you receive	California	53.3	53.2	55
	your pre-licensure nursing education?	Out-of-state	33.7	30.4	24
	you pre needs are naising education.	Philippines	6.6	10.6	13
		Canada	1.7	1.6	1
		Another foreign country	4.7	4.1	6
		Total	100.0	100.0	100
		Number of cases	2,240	2,201	2,360

Table A-4. Education by Survey Year for Respondents Currently Employed in Nursing

			1997
	%	%	%
No	75.7	72.3	74.7
Yes	24.3	27.7	25.3
Total	100.0	100.0	100.0
Number of cases	2,225	2,174	2,401
Associate degree program	.8	1.0	.8
Baccalaureate degree program	56.7	59.8	44.7
Master's degree program	39.5	37.5	51.1
Doctoral degree program	3.1	1.7	3.4
Total	100.0	100.0	100.0
Number of cases	522	582	591
No additional certifications/no response		83.6	79.0
Nurse Anesthetist		.9	.5
Nurse Midwife		1.2	1.5
Nurse Midwife with Furnishing Number	•••	.4	.1
Nurse Practitioner		2.2	3.2
		1.3	2.4
		11.1	14.1
		2.2	2.2
		2,212	2,489
No	70.6	67.6	71.4
Yes	29.4	32.4	28.6
Total	100.0	100.0	100.0
Number of cases	2,171	2,086	2,330
Nurse Anesthetist	•••		1.4
Nurse Midwife			1.7
Nurse Midwife w/Furnishing Number			.2
Nurse Practitioner			17.0
Nurse Practitioner w/Furnishing Number			1.4
			7.5
			1.4
			3.2
			3.0
			64.4
			630
	Yes Total Number of cases Associate degree program Baccalaureate degree program Master's degree program Doctoral degree program Total Number of cases No additional certifications/no response Nurse Anesthetist Nurse Midwife Nurse Midwife Nurse Practitioner Nurse Practitioner Nurse Practitioner with Furnishing Number Public Health Nurse Psychiatric/Mental Health Nurse Number of cases No Yes Total Number of cases Nurse Anesthetist Nurse Midwife Nurse Midwife Nurse Midwife Nurse Midwife Nurse Midwife Nurse Midwife w/Furnishing Number	Total Number of cases Associate degree program Baccalaureate degree progr	Yes 24.3 27.7 Total 100.0 100.0 Number of cases 2,225 2,174 Associate degree program .8 1.0 Baccalaureate degree program 56.7 59.8 Master's degree program 39.5 37.5 Doctoral degree program 3.1 1.7 Total 100.0 100.0 Number of cases 522 582 No additional certifications/no response 83.6 Nurse Anesthetist .9 Nurse Midwife .9 Nurse Midwife with Furnishing Number .4 Nurse Practitioner .2 Nurse Practitioner with Furnishing Number .1.1 Psychiatric/Mental Health Nurse .2.21 No 70.6 67.6 Yes Total 100.0 100.0 Nurse Anesthetist

⁸ When making comparison between years for items 62 and 63, potential differences in editing procedures across survey years should be considered. In 1997, answers to questions 62 and 63 were edited for 61 respondents (2.1% of those answering question 62). When respondents indicated in question 62 that they would be obtaining a nursing degree, but provided a non-nursing specialty in question 63, their answer to question 62 was changed to "no" and they were removed from the distribution for question 63.

⁹ The format of questions regarding certifications and additional degrees was modified in 1997: a list of certifications and degrees was provided and respondents were asked to indicate which they have received. In 1990 and 1993 respondents were asked to write in any additional certifications and post-RN licensure degrees and these open-ended responses were coded into categories after the fact.

Table A-4. Education by Survey Year for Respondents Currently Employed in Nursing

		1990	1993	1997
		%	%	%
66. Please indicate which additional degrees you	No additional degrees earned			63.1
have received since your initial RN licensure.	Advanced practice certificate program			7.1
Check all that apply. ³	Associate degree (nursing major)	.1	.3	3.8
	Associate degree (other)	.0	.1	2.2
	Bachelor's degree (nursing major)	11.2	10.5	16.2
	Bachelor's degree (other)	5.3	6.4	6.4
	Master's degree (nursing major)	5.8	5.3	7.1
	Master's degree (other)	2.7	2.2	4.8
	Doctorate (nursing major)	.3	.2	.0
	Doctorate (other)	.4	.0	.5
	Number of cases	2,251	2,212	2,314
Highest nursing education (computed)	Diploma program	26.6	22.9	18.4
	Associate degree program	33.9	37.8	36.7
	Baccalaureate degree program	33.6	33.7	38.0
	Master's degree program	5.5	5.4	6.8
	Doctoral degree program	.3	.2	.0
	Total	100.0	100.0	100.0
	Number of cases	2,229	2,196	2,440

Table A-5. Licensure and Personal Information by Survey Year for Respondents Currently Employed in Nursing

			1990	1993	1997
			%	%	%
67.	In what year and in which state	Before 1960	16.6	10.2	5.4
	or country were you first	1960-1969	17.5	16.6	14.4
	licensed as a registered nurse?	1970-1979	30.9	30.5	27.4
		1980-1989	35.0	34.0	32.0
		1990-1997	.0	8.8	20.7
		Total	100.0	100.0	100.0
		Number of cases	2,235	2,186	2,456
	Response provided was used to compute	Less than 5 years ago	12.2	11.6	12.0
	number of years before survey year	5-9 years ago	18.9	16.2	14.3
		10-14 years ago	19.4	18.5	14.8
		15-24 years ago	22.9	29.1	32.9
		More than 24 years ago	26.6	24.6	26.0
		Total	100.0	100.0	100.0
			14.0	15.0	17.0
			17.2	17.3	17.8
			11.6	11.0	11.0
		Number of cases	2,235	2,186	2,456
		California	57.4	56.9	60.0
		Out-of-state	31.5	29.2	23.6
		Philippines	5.3	8.8	10.0
		Canada	1.7	1.6	1.6
		Another foreign country	4.1	3.5	4.7
		Total	100.0	100.0	100.0
		Number of cases	2,235	2,192	2,419
68.	In what year were you first licensed	Before 1960	9.9	5.6	2.6
	as a registered nurse in California?	1960-1969	15.4	13.4	9.6
		1970-1979	29.4	26.6	23.7
		1980-1989	45.2	41.1	36.3
		1990-1997	1_	13.3	27.8
		Total	100.0	100.0	100.0
		Number of cases	2,223	2,183	2,458
	Response provided was used to compute	Less than 5 years ago	18.2	17.5	17.0
	number of years before survey year	5-9 years ago	22.9	20.7	17.8
		10-14 years ago	19.7	19.6	18.0
		15-24 years ago	20.8	25.7	29.5
		More than 24 years ago	18.4	16.6	17.7
		Total	100.0	100.0	100.0
			12.0	12.0	14.0
			14.3	14.3	14.9
			10.4	10.1	10.1
		Number of cases	2,223	2,183	2,458

Table A-5. Licensure and Personal Information by Survey Year for Respondents Currently Employed in Nursing

		1990	1993	1997
		%	%	%
Age when first licensed as a	Under 20	.5	.1	.3
registered nurse in California	20-24	36.7	32.7	29.6
(computed from items 68 & 71)	25-29	27.2	27.5	27.9
	30-34	16.4	18.6	18.8
	35-44	15.5	16.1	19.3
	45-54	3.0	4.3	3.8
	55 or older	7_	.6	4
	Total	100.0	100.0	100.0
		26.0	27.0	28.0
		28.7	29.3	29.8
		7.5	7.5	7.3
	Number of cases	2,207	2,173	2,434
69. Do you currently hold an active	No	86.6	82.8	85.3
registered nurse license in a	Yes	13.4	17.2	14.7
state other than California?	Total	100.0	100.0	100.0
If yes, how many?	Number of cases	2,251	2,194	2,468
ii yes, now many?	One other state	75.4	75.5	78.9
	Two other states	17.9	17.9	14.6
	Three or more other states	6.6	6.6	6.4
	Total	100.0	100.0	100.0
	Number of cases	301	273	280
70. Gender	Male	5.4	5.8	7.4
	Female	94.6	94.2	92.6
	Total	100.0	100.0	100.0
	Number of cases	2,214	2,200	2,472
71. Age (computed from year of birth)	Under 30	8.3	6.3	6.1
	30-34	16.0	12.8	9.3
	35-39	19.9	18.2	14.2
	40-44	17.2	20.8	20.6
	45-49	12.4	13.9	20.5
	50-54	9.3	12.5	14.0
	55-59	9.3	8.0	8.6
	60-64	4.5	4.7	4.9
	65 or older	3.1	2.8	1.8
	Total	100.0	100.0	100.0
		41.0	42.0	44.0
		42.9	43.6	44.6
		10.8	10.1	9.5
	Number of cases	2,226	2,192	2,451

Table A-5. Licensure and Personal Information by Survey Year for Respondents Currently Employed in Nursing

		1990	1993	1997
		%	%	%
72. Check your racial/ethnic background.	Hispanic	3.7	4.5	4.9
If mixed, indicate the category with	White, not Hispanic	77.2	72.6	64.5
which you most strongly identify.	Black/African American	4.7	3.5	4.8
	Asian Indian		.4	1.2
	Other Asian		4.4	5.5
	Pacific Islander		.3	.2
	Filipino		13.4	15.9
	Asian, Southeast Asian, or Pacific Islander	12.7		
	Native American Indian/American Eskimo	.6	.5	.5
	Other	1.2	.5	2.4
	Total	100.0	100.0	100.0
	Number of cases	2,251	2,179	2,458
73. Current marital status	Never married	16.2	12.2	13.5
	Separated or divorced	16.3	18.4	17.6
	Married	64.9	66.4	66.5
	Widowed	2.7	3.0	2.4
	Total	100.0	100.0	100.0
	Number of cases	2,229	2,197	2,463
4. Number of children living at home	None	40.0	38.1	38.2
_	One	25.2	24.7	22.9
	Two	23.3	25.1	26.3
	Three	9.0	9.5	9.7
	Four or more	2.5	2.6	2.9
	Total	100.0	100.0	100.0
		1.1	1.2	1.2
		1.1	1.1	1.2
	Number of cases	2,014	2,050	2,297
Age of children living at home		11.3	11.8	12.4
		7.4	7.4	7.2
	Number of cases	1,203	1,267	1,413
75. Are there other people (spouse,	None	84.7	81.2	76.1
parents, grandchildren, friends)	One	10.5	12.2	15.4
dependent on you for care?	Two	3.6	4.8	6.2
	Three	1.0	1.0	1.4
	Four or more	.3	.8	1.0
	Total	100.0	100.0	100.0
		.2	.3	.4
		.6	.7	.8
Age of dependents	Number of cases	2,209	2,163	2,312
		49.7	47.8	50.3
		24.4	23.6	23.6
	Number of cases	321	385	515

Table A-5. Licensure and Personal Information by Survey Year for Respondents Currently Employed in Nursing

		1990	1993	1997
		%	%	%
76. Geographic region (based on zip code)	San Diego, Imperial	9.7	10.0	9.
	San Bernardino, Orange, Desert	17.0	18.1	16.
	Los Angeles County	22.4	25.4	24.
	Central Valley-South	4.2	3.5	4.
	Central Coast	5.6	5.7	5.
	San Jose Penninsula	10.1	9.0	10.
	Central Valley-North	10.1	8.7	10
	San Francisco, East Bay, Marin	14.3	13.4	13
	Napa-Sonoma	3.4	2.8	3
	North Coast	.6	.4	
	North Central	2.5	2.9	2
	Total	100.0	100.0	100
	Number of cases	2,089	2,179	2,489
77. Check the category that	\$10,000 or less	4.5	4.1	4
includes your income from	\$10,001 to \$15,000	5.3	3.2	2
nursing in year before survey.	\$15,001 to \$20,000	8.2	2.9	2
	\$20,001 to \$30,000	27.6	11.1	9
	\$30,001 to \$40,000	33.2	24.3	20
	\$40,001 to \$55,000	18.3	35.9	34
	\$55,001 to \$75,000	2.3	15.3	22
	More than \$75,000	.5	3.3	4
	Total	100.0	100.0	100
		31,504	42,163	45,07
		13,097	17,238	18,36
	Number of cases	2,186	2,141	2,420
78. Check the category that	\$10,000 or less	.2	.6	
includes your total household	\$10,001 to \$15,000	1.1	.3	
income in year before survey.	\$15,001 to \$20,000	2.3	1.1	1
	\$20,001 to \$30,000	9.7	3.1	2
	\$30,001 to \$40,000	19.1	10.3	7
	\$40,001 to \$55,000	23.0	19.7	18
	\$55,001 to \$75,000	24.3	27.5	25
	More than \$75,000	20.4	37.3	43
	Total	100.0	100.0	100
		53,686	63,628	65,78
		20,965	20,135	20,43
	Number of cases	2,182	2,128	2,413
9. Circle the approximate percentage	Less than 25 percent	13.2	8.7	9
of your total household income	25 to 50 percent	32.3	28.4	26
that comes from nursing job(s).	51 to 75 percent	18.4	25.1	23
	76 to 99 percent	8.8	10.9	13
	100 percent	27.3	26.9	27
	Total	100.0	100.0	100
		34.4	38.5	38
		26.5	27.8	28.
	Number of cases	2,209	2,150	2,448

Table A-6. Percent Ineligible and Response Rate by Age and Date of California Licensure

		Ineligible*		Response Rate	
	-	%	N	%	N
Overall for total	al sample	2.6	4,000	75.8	3,897
Age	Under 30	6.9	233	71.4	217
	30-34	4.5	352	72.3	336
	35-39	2.2	551	71.6	539
	40-44	1.8	812	71.6	797
	45-49	2.0	740	79.2	725
	50-54	2.1	516	77.6	505
	55-59	1.2	343	79.9	339
	60-64	.8	256	78.7	254
	65 or older	6.6	196	82.5	183
Date initially	Less than 5 years ago	5.4	654	74.0	619
licensed in	5-9 years ago	3.1	675	71.7	654
California	10-14	1.7	710	71.9	698
	15-19	2.1	669	74.4	655
	20-24	1.2	481	80.4	475
	25-29	1.3	314	77.4	310
	30-34	2.7	226	81.4	220
	35-39	.0	136	84.6	136
	40 or more	4.5	134	86.7	128
Geographic	San Diego, Imperial	3.5	372	76.0	359
region	San Berdardino, Orange, Desert	3.4	734	73.1	709
	Los Angeles county	2.4	940	74.5	917
	Central Valley-South	1.7	180	76.8	177
	Central Coast	3.3	210	77.3	203
	San Jose Peninsula	3.1	393	75.3	381
	Central Valley-North	1.3	389	78.9	384
	San Francisco, East Bay, Marin	2.1	534	74.4	523
	Napa, Sonoma, Lake, Mendocino	4.1	121	87.1	116
	North Coast	.0	21	81.0	21
	North Central	.0	106	75.5	106

^{*} Undeliverable, moved out-of-state, disabled or deceased.